

# Northwest

VIRGINIA



# Northwest Medical Reserve Corps Virginia

## Member Handbook



### Northwest VA MRC Main Office

Located at:

#### Staunton Health Department

1426 North Augusta Street

Staunton, VA 24401

Tel 434.566.7357 Mobile

Tel 540.332.7830 ext 302 MRC Office

Fax 540.332.9501

<http://vdh.virginia.gov/NorthwestMRC>

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**WELCOME**

Dear Northwest Medical Reserve Corps Members,

We are honored that you have chosen to become a part of the Northwest Medical Reserve Corps (MRC), by joining the [Thomas Jefferson](#), [Lord Fairfax](#), or [Central Shenandoah](#) MRC Chapter! On behalf of the Northwest MRC, we welcome you and thank you for joining our organization.

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Our members play an important role in strengthening public health, emergency response, and community resilience in the Central Shenandoah, Lord Fairfax, and Thomas Jefferson Health Districts. We recognize that each of you has unique skills and abilities to contribute to this end. Therefore, our goal is to engage you through training, collaboration, and volunteer opportunities that leverage and build upon your talents. We hope to learn from you and work together to improve health, safety, and preparedness in our community.

We also hope that this *Member Handbook* will provide you with useful information to help make the most of your experience as a MRC member. It describes the origin and purpose of the MRC program, the benefits of volunteering with your local MRC, and the policies and procedures that provide a framework for the services we provide to the community. Please take time to review the contents of the *Member Handbook* and refer back to it whenever questions arise. Additionally, please feel free to contact the Northwest MRC Coordinator for additional information or to pass along comments and suggestions.

Once again, we are glad to have you on our team. Welcome to the Northwest MRC!

Kind regards,

**Christopher Rini**

Northwest Medical Reserve Corps  
Coordinator  
Central Shenandoah Health District  
1426 N. Augusta St.  
Staunton, VA 24401  
Mobile Phone 434.566.7357  
Office Phone 540.332.7830 ext 302

**Michael Keatts**

Northwest Region Emergency Planner  
1426 N. Augusta St.  
Staunton, VA 24401  
Virginia Department of Health  
Office Phone 540.332.7830 ext 342

**Jessica Salah**

Local Health Emergency Coordinator  
Thomas Jefferson Health District  
Office Phone 434.422.4577

**Hilary Cronin**

Local Health Emergency Coordinator  
Central Shenandoah Health District  
Office Phone 540.332.7830 ext 311

**Matthew Cloud**

Local Health Emergency Coordinator  
Lord Fairfax Health District  
Office Phone 540.771.3033





## ACKNOWLEDGEMENTS

The content of this *Member Handbook* is adapted from the Alexandria MRC Volunteer Handbook and based on information gathered from Medical Reserve Corps units across the United States and various public sources of information on disaster response, emergency medicine, public health, and other pertinent topics. This *Handbook* is also a one-stop source of information uniquely applicable to the MRC units that make up the Northwest MRC program. This *Handbook* serves as a guide for Northwest MRC members and is reviewed and updated on at least an annual basis.

## PURPOSE OF THE HANDBOOK

- 1) The *Member Handbook* establishes the necessary organizational, operational, and administrative procedures for the effective operation of the Northwest Medical Reserve Corps.
- 2) The *Handbook* provides guidance to Northwest Medical Reserve Corps members for the effective and appropriate engagement of volunteers in public health emergency operations and routine public health activities.
- 3) The *Handbook* enhances the community's knowledge of the Medical Reserve Corps and describes the process established to activate the unit and utilize its personnel and resources for public health emergency operations and public health activities.



## ACRONYMS

ACS	Alternate Care Site
AHA	American Heart Association
ASPR	Assistant Secretary for Preparedness and Response
BDLS	Basic Disaster Life Support
BLS	Basic Life Support (CPR-AED)
CDC	Centers for Disease Control & Prevention
CERT	Community Emergency Response Team
CSB	Community Service Board
COOP	Continuity of Operations Planning
COV	Commonwealth of Virginia
CSHD	Central Shenandoah Health District
CSMRC	Central Shenandoah MRC
DBH	Disaster Behavioral Health
DBHDS	Department of Behavioral Health and Developmental Services
DHS	US Department of Homeland Security
DSS	Department of Social Services
ECC	Emergency Communications Center (911-center)
EOC	Emergency Operations Center
EMS	Emergency Medical Services
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals
ESF #6	Emergency Support Function #6: Human Services
ESF #8	Emergency Support Function #8: Public Health and Medical
ESF #17	Emergency Support Function #17: Volunteer & Donations Management
EP&R	Emergency Preparedness and Response



FANS/AFN	Functional & Access Needs Support/Access & Functional Needs
FEMA	Federal Emergency Management Agency
HHS	US Department of Health & Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICS	Incident Command System
JAS	Job Action Sheet
JIC	Joint Information Center
JITT	Just In Time Training
LFHD	Lord Fairfax Health District
LFMRC	Lord Fairfax Medical Reserve Corps
LHD	Local Health Department/Local Health District
MRC	Medical Reserve Corps
NIMS	National Incident Management System
NRF	National Response Framework
NWMRC	Northwest Medical Reserve Corps
NWRHCC	Northwest Region Healthcare Coalition
OEM	Office of Emergency Management
OEP	Office of Emergency Preparedness (VDH)
OMD	Operational Medical Director
PFA	Psychological First Aid
PHEP	Public Health Emergency Preparedness (federal grant that funds the MRC)
PIO	Public Information Officer
POD	Point of Dispensing
SFA	Stress First Aid
SMN	Special Medical Needs
SPR	Skills for Psychological Recovery
SUV	Spontaneous, Unaffiliated Volunteers
TJHD	Thomas Jefferson Health District
TJMRC	Thomas Jefferson Medical Reserve Corps
VAMRC	Virginia Medical Reserve Corps
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VOAD	Volunteer Organizations Active in Disaster
VPA	Volunteer Protection Act of 1997 (Federal Law, 42 USC 14501)
VHHA	Virginia Hospital and Healthcare Association
VVHS	Virginia Volunteer Health System
VRC	Volunteer Reception Center



## MEDICAL RESERVE CORPS (MRC) OVERVIEW



### WHY WAS THE MEDICAL RESERVE CORPS CREATED?

The September 11, 2001 terrorist attacks and the September-October 2001 Anthrax attacks highlighted a significant need for trained medical and public health personnel to assist with emergency operations. Many medical and public health professionals sought to support emergency relief efforts during that time, but there was no organized approach to channel their efforts. Today, the MRC provides the structure to deploy medical and public health personnel in response to an emergency. The MRC is comprised of medical and public health professionals, along with interested community members, who serve as volunteers ready to respond to disasters and emergencies, and to assist communities with ongoing initiatives to protect and promote the health and safety of the whole community. There are nearly 200,000 volunteers in almost 1000 MRC units in every state, territory, and protectorate of the United States, including Washington DC, Puerto Rico, the US Virgin Islands, American Samoa, Commonwealth of Northern Mariana Islands, Federal States of Micronesia, and Guam.

### WHAT DOES THE NAME "MEDICAL RESERVE CORPS" MEAN TO OUR COMMUNITY?

Each community is different, and these differences may require alternative approaches to public health and emergency response. All communities can benefit from a similar understanding of the MRC. The terms "medical" and "reserve" indicate that trained, licensed personnel are available to respond to emergencies that require health and medical support. The "medical" in Medical Reserve Corps does not limit MRC membership to medical professionals; individuals without medical training can and do fill essential supporting roles. "Corps" refers to an organized body of individuals who share a unifying mission. In the Northwest MRC, each local MRC chapter is an organized group of medical and non-medical volunteers trained and ready to support public health during emergencies, as well as through routine community activities.

### WHO DIRECTS NORTHWEST MRC AND ITS THREE LOCAL CHAPTERS?

Direction for the Northwest MRC exists at the local, state, regional, and national levels. Each level has key personnel responsible for guiding specific activities. At the local level, each chapter of Northwest MRC is under the direction of the Virginia Department of Health (VDH) and the Local Health District. Our unit is led by a regional MRC Coordinator, who matches community needs—for public health and medical emergencies, disaster response, and daily public health initiatives—with volunteer capabilities. The MRC Coordinator is also responsible for building partnerships, ensuring the sustainability of the local unit, and managing volunteer resources.

In Virginia, our State Volunteer Coordinator is located in the VDH Office of Emergency Preparedness and is responsible for the coordination of all Virginia MRC units, the administration of the Virginia Volunteer Health System (VVHS), grant management, and promotion of the Virginia MRC (VAMRC). All MRC volunteers registered in Virginia are a part of the VAMRC.

The Medical Reserve Corps (MRC) Program is the national office of the MRC and is housed within the Office of Emergency Management's (OEM) Partner Readiness and Emergency Programs (PREP) Division, Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS). Federal funding for the MRC program comes from the Public Health Emergency Preparedness (PHEP) grant and is administered centrally by VDH.

The MRC Program supports the MRC network by providing technical assistance, coordination, communications, strategy and policy development, grant funding and contract oversight, training and other associated services. It functions as a clearinghouse for information and best practices to help communities establish, implement, and maintain MRC units in order to achieve their local visions for public health and emergency preparedness.



## NORTHWEST MEDICAL RESERVE CORPS

### ABOUT THE NORTHWEST MRC

The Northwest MRC is a multi-district (“regional”) unit comprised of what were originally three distinct MRC units (now “chapters”), coordinated by a single MRC Coordinator operating centrally out of Staunton, VA. The three chapters, Central Shenandoah MRC (CSMRC), Lord Fairfax MRC (LFMRC), and Thomas Jefferson MRC (TJMRC), each have distinct origins, timelines, membership and activity levels, which are still reported separately on [mrc.hhs.gov](http://mrc.hhs.gov).

Established in 2003, the University of Virginia MRC was one of the earliest MRC units in the country, and the first to be run entirely by medical students, with faculty oversight. In 2009, the housing and administration of the UVAMRC was transferred to the Thomas Jefferson Health District, and its name was changed to the Thomas Jefferson MRC (TJMRC). Since 2009, TJMRC has had a full-time unit coordinator, and all volunteers are registered in the Virginia Volunteer Health System (VVHS), which serves as the registration (ESAR-VHP) and alerting system for all MRC units in the Commonwealth of Virginia.

The Central Shenandoah and Lord Fairfax Health Districts were both established in 2005, along with many other units across the United States. The MRC program seeks to improve the health and safety of communities across the three health districts, the state, and throughout the United States, and to ensure that public health, medical, and human service agencies are equipped with sufficient professional medical and non-medical community volunteers to support the existing public health infrastructure during both public health emergencies and routine community activities.

### CURRENT MEMBERSHIP

Northwest MRC membership currently fluctuates between approximately 900 and 1000 registered members, with about half of that number currently active. Our members come from diverse backgrounds and have varying levels of education and training. Thomas Jefferson MRC has the highest number of volunteers, at about 600, while Central Shenandoah has about 230 and Lord Fairfax has about 100. Approximately 36% of our members come from professional medical\* backgrounds, while 30% have some healthcare-related background, and 34% of our members are non-medical, support volunteers.

### OBJECTIVES

The specific objectives of Northwest MRC are to:

- **Support**, not supplant, community emergency response and recovery efforts, thereby enhancing the capacity of local response agencies, while avoiding duplication of effort
- **Recruit** members to provide public health support during local emergencies and disasters and participate in ongoing public health activities in the community
- **Ensure** that the Northwest MRC and its chapters are integrated into community response plans and preparedness efforts
- **Deliver** a comprehensive training program for members that builds capacity and capability to support the community during an emergency, and that meets the expectations of volunteers
- **Promote** community involvement through public education and awareness campaigns that support public health and preparedness initiatives

\* Professions targeted for recruitment by HHS include Physicians, Physician Assistants, Nurse Practitioners, Nurses, Pharmacists, Dentists, Veterinarians, Mental Health Professionals, EMS Professionals, and Respiratory Therapists



- **Collaborate** with response partners, community volunteer organizations, local mental health coalitions, public service agencies, Fire and EMS, CERT, and the American Red Cross
- **Improve** volunteer communication through the use of social media, newsletters, e-mail, and mass notification systems

## MRC MEMBER BENEFITS

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- Fostering connections with other members of the community by working towards a shared vision
- Knowledge that you're helping to improve the health and safety of your community
- Satisfaction from serving your community in times of emergency
- Opportunities to develop your knowledge and skills and gain experience in a variety of public health topics
- Opportunities to provide input and initiate public health service projects within your area of expertise and interest
- Training opportunities with the possibility of continuing education credits

## GUIDING PRINCIPLES

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The Northwest MRC program operates according to the following principles:

- We treat all members, clients, staff, volunteers, and partners with respect and dignity in all situations.
- We respect the fact that our members are donating their time and expertise for the overall health and well-being of the community.
- We provide training and volunteer opportunities that we believe will enhance members' experience and support our unit's objectives.
- We will communicate clearly and consistently with our members.
- We will encourage and value input from our members.
- We acknowledge that participation in MRC trainings, events, and deployments is voluntary and that our members have the option to refuse assignments for any reason.
- We will never ask a member to perform tasks beyond the scope of his/her licensure, credentials, training, or level of comfort, or knowingly place a member at risk.
- We will consistently seek the inclusion of members from across a variety of demographic groups, backgrounds, professions, and affiliations



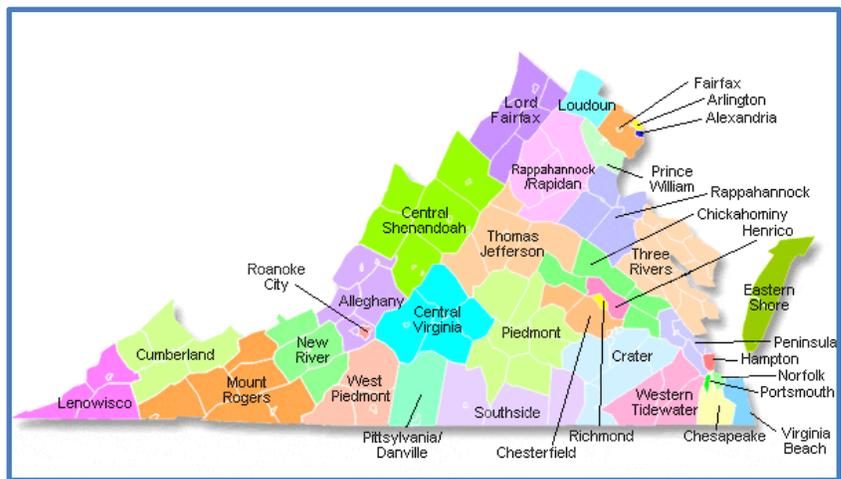
## GEOGRAPHY AND ORGANIZATIONAL STRUCTURE OF THE NORTHWEST MRC

**The Virginia Department of Health (VDH) sponsors the Northwest MRC program.** The mission of VDH is to “protect the health and promote the well-being of all people in Virginia.” The vision of VDH is to “become the healthiest state in the nation.”

**The Northwest MRC operates within the health districts of Central Shenandoah, Lord Fairfax, and Thomas Jefferson.** The mission of the Central Shenandoah Health District is to “protect and promote the health and well-being of residents in the Central Shenandoah Valley,” and its vision is “healthy people in healthy communities.” CSHD serves the Counties of Rockingham, Bath, Highland, Augusta, and Rockbridge, and the Cities of Harrisonburg, Staunton, Waynesboro, Lexington and Buena Vista, with a combined population of approximately 300,000<sup>†</sup> residents.

The mission of Lord Fairfax Health District is “to provide public health leadership with and for the communities we serve.” The Lord Fairfax Health District serves the Counties of Frederick, Clarke, Page, Warren, and Shenandoah, and the City of Winchester, with a combined population of just over 238,000 residents.

The mission of the Thomas Jefferson Health District is “to provide public health services to the residents of the City of Charlottesville, and the counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson.” TJHD serves a population of approximately 255,000 residents.



**The Northwest MRC program uses a modular approach to administration and operations that is compatible with ICS and NIMS.** Under normal operating conditions, the Northwest MRC Coordinator reports directly to the VDH Northwest Region Health Emergency Coordinator, who reports to the Director of the VDH Office of Emergency Preparedness.

The MRC Coordinator also reports unit growth and activity data to the VA MRC State Volunteer Coordinator on a quarterly basis, and participates in monthly, web-based statewide MRC Coordinator meetings. The MRC Coordinator may seek guidance and technical assistance from the State Volunteer Coordinator, or from the MRC National Region 3 Coordinator, who is charged with providing technical assistance to MRC units in several states, including Virginia.

**Each MRC unit is itself organized under and housed within its respective health district (Figure 1).** The MRC coordinator works directly with the local health department staff for each corresponding health district to coordinate MRC participation in routine events, such as community outreach, training, and preparedness exercises. The Health Director for each district has the ultimate authority on policy, procedures, and scope for each MRC unit at the district level. During an incident, the MRC Coordinator may integrate into a responding health district’s Incident Command System structure, operating under a different chain of command for a limited period of time. However, it may not always be necessary to do so.

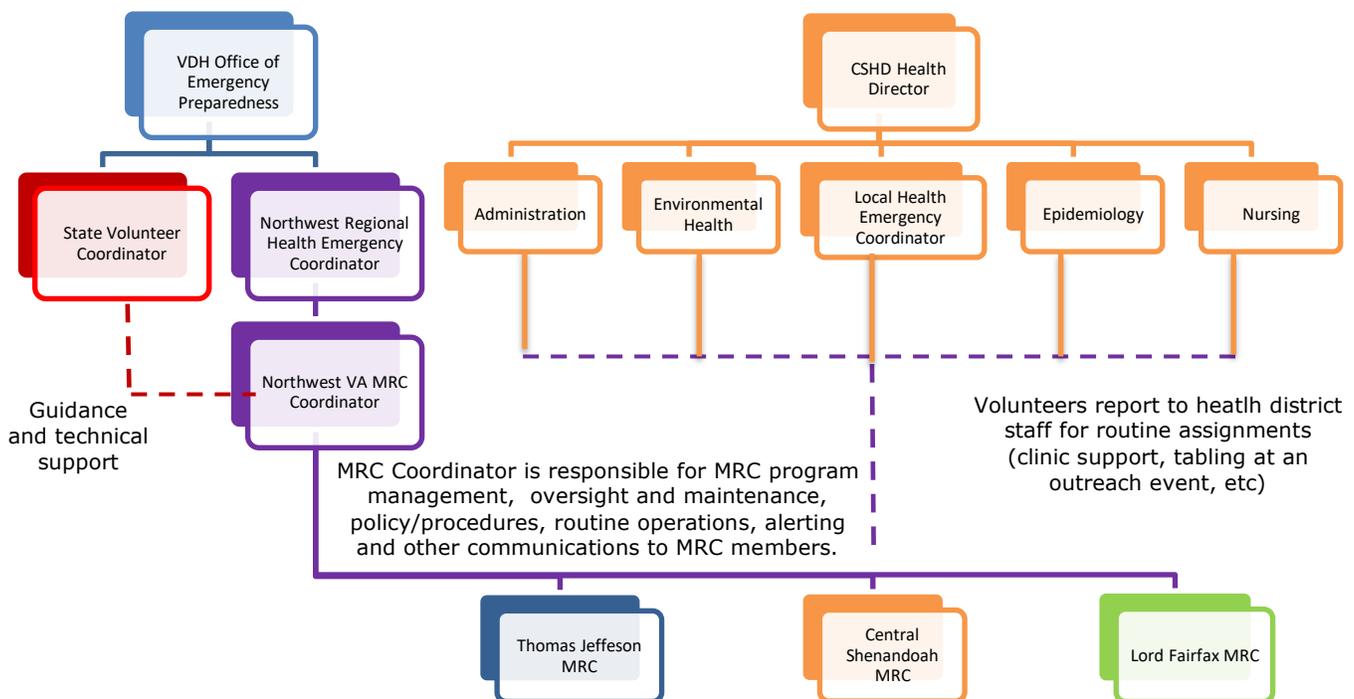
<sup>†</sup> Population estimates based on the 2010 Census and the American Communities Survey can be obtained at <https://www.census.gov/quickfacts/fact/table/US> and selecting the desired localities.



There are 23 local MRC units that comprise the statewide network of Virginia MRC units. To learn more about other Virginia MRC units visit [www.vamrc.org](http://www.vamrc.org).

Our closest MRC neighbors in Virginia are the Near Southwest MRC (which serves the Roanoke-Alleghany, Central Virginia, Pittsylvania-Danville, West Piedmont, and New River Health Districts) to the south of Central Shenandoah, Rappahanock Rapidan MRC and Loudoun MRC to the north of Thomas Jefferson and to the East of Lord Fairfax, Rappahanock MRC and Three Rivers MRC to the east Thomas Jefferson, and South Central MRC (which serves the Piedmont, Crater, and Southside Health Districts). On our border with West Virginia, our neighbors are Pendleton County MRC, Hampshire County MRC, and Grant County MRC.

**Figure 1. Central Shenandoah Health District and VDH Office of Emergency Preparedness Combined Organization Chart (Routine Operations)**



**Statewide, Regional and Local Program Administration:** In order to accommodate a regional administrative structure, the MRC Coordinator works with VDH staff at the state, regional, and local health district levels. This means it is critical to build working relationships between MRC members and local health department staff, because all emergencies begin and end locally. In order to administer a program over such a large area, the MRC coordinator must also coordinate with regional and state level VDH staff, to ensure policies, procedures, and priorities are aligned with local, regional, and statewide goals and objectives for public health emergency preparedness.

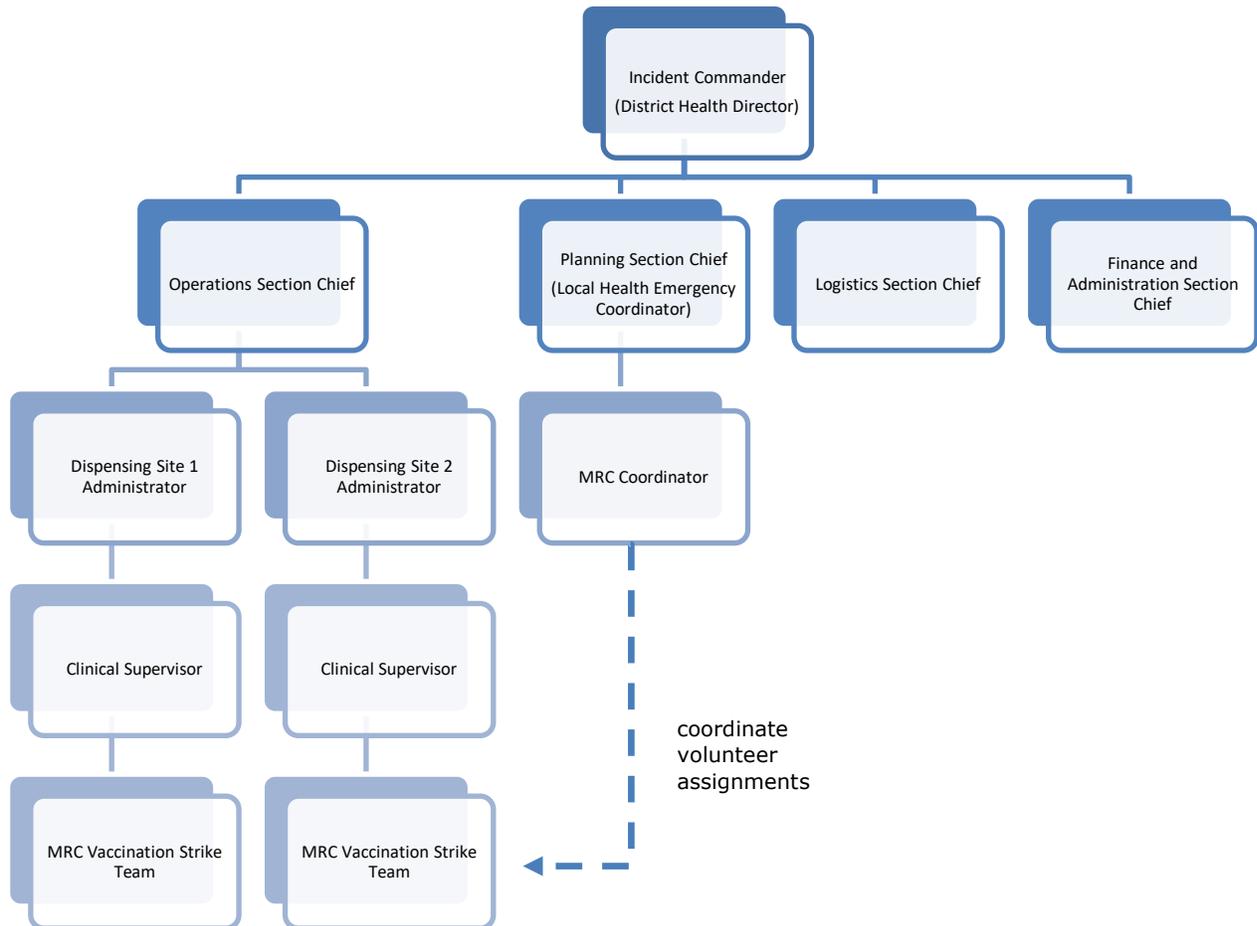
**Chain of Command:** The Northwest MRC Coordinator alerts volunteers to events and incidents requiring their activation. All activations for training, exercises, and real events are voluntary.

Whenever MRC members are activated for a routine volunteer opportunity, they will be directed to report to a specific health department staff member. In some cases, the staff member is the MRC Coordinator, but in other cases, it may be a public health nurse, an epidemiologist, or the



district health director. MRC members should defer to health department staff on any matters involving the volunteer's assignment, tasks, or other questions. If an MRC member working on a volunteer assignment fails to adhere to local health department policy or the reasonable expectations or direction of the staff member to which they are reporting, the staff member may dismiss the volunteer from their assignment. Any questions or concerns of volunteers or staff may be directed to the Northwest MRC coordinator.

**Figure 2. Example – Health District ICS Organization Chart**



In an incident, the local health district will establish an Incident Command System<sup>‡</sup> structure, which is a modular organizational structure that allows agencies and groups to shift reporting structures in order to respond to specific threats and hazards.

For instance, in Figure 2, an ICS structure has been established to activate Points of Dispensing (PODs) to distribute vaccine to the public (or to another response organization, such as a hospital or Fire/EMS unit) in two locations. MRC volunteers such as nurses, physicians, and pharmacists may fill the role of vaccinator to expand the health district's capacity to deliver vaccines within the required timeframe.

In this structure, the MRC Coordinator may report directly to the Planning Section Chief for the local health district, and will perform the job function of coordinating MRC Vaccination Strike Team volunteers. This does not mean that volunteers will be reporting directly to the MRC Coordinator. Instead, they will report to the Clinical Supervisor when they arrive at the POD location.

<sup>‡</sup> For more information on the Incident Command System, see Basic ICS Organizational Structure



## MRC VOLUNTEER STANDARDS

### ELIGIBILITY

- Members must be at least eighteen years of age.
- United States citizenship is not required; however, members must present a valid form of identification at the time of orientation. Members are required to maintain a valid driver's license or other government-issued identification.
- Members are not required to hold any prior training or certifications.
- Members must pass a Combination Criminal History and Sex Offender Search Background Investigation (SP-167) and must remain free of felony and serious misdemeanor convictions.
- Members must register through the Virginia Volunteer Health System (VVHS) and maintain their online volunteer profiles.
- Members must agree to abide by and sign the Northwest MRC Code of Conduct and Liability Policy (Attachment A).
- Members must agree to abide by and sign the Health Insurance Accountability and Portability Act (HIPAA) Policy (Attachment B).
- Members are required to attend an MRC orientation session and remain aware of all-hazards planning and preparedness efforts in their community.
- If available, members should participate in MRC meetings, outreach activities, trainings, exercises, alerting drills, and mobilizations when requested.

### MEDICAL VOLUNTEERS

Northwest MRC medical volunteers are required to hold an active license or certification to practice in the Commonwealth of Virginia and must work strictly within their legally defined scope of practice. If you hold a license or certification upon admission to the MRC, you must update this information in your VVHS profile. In addition, you must provide a copy to the MRC Coordinator so that your credentials can be verified with the appropriate agency. Medical volunteers are required to maintain their level of licensure/certification and provide proof of re-licensure or re-certification when their credentials expire. You must report loss or suspension of your professional license to the MRC Coordinator. In the case of loss of licensure, volunteers may continue to volunteer in non-medical roles. The Northwest MRC does not pay for re-licensing/re-certification fees.

### NON-MEDICAL VOLUNTEERS

If you have an inactive or out-of-state medical license/credential, or if you do not work in the medical field, you are eligible to serve as a Northwest MRC non-medical volunteer. If you hold an inactive or out-of-state license/credential, we still encourage you to enter your license/credential number in your online volunteer profile. If an emergency is of sufficient magnitude, the governor may waive certain requirements to authorize retired and out-of-state medical professionals to perform various clinical functions.

All medical and non-medical volunteers who wish to serve in a leadership position within the MRC are encouraged to provide a résumé/CV and personal or professional references when registering through VVHS. Documents may be emailed to [northwest@vamrc.org](mailto:northwest@vamrc.org).



## RECRUITMENT

The Northwest MRC engages in active and ongoing recruitment efforts. Throughout the year, we participate in community events and programs that provide an opportunity to recruit individual members. We also receive volunteer referrals from non-profit agencies that recruit, mobilize, and connect local volunteers to available volunteer opportunities. Northwest MRC also participates in online recruitment campaigns through the use of web, direct mailing, earned media, and social media.

We encourage our members to assist with recruitment by asking appropriate individuals within their professional and social networks to consider joining the [Central Shenandoah MRC](#), [Lord Fairfax MRC](#), or [Thomas Jefferson MRC](#).

## BECOMING AN ACTIVE VOLUNTEER

Completion of the steps outlined below will put you on track toward becoming active with the Northwest MRC. In choosing to become an MRC member, you agree to support the community's public health preparedness, response, and recovery efforts, on the condition that you are prepared, willing, and available, when requested. We encourage you to discuss your participation in your local MRC unit with your family and employer to make them aware of your volunteer commitment during an emergency.

### 1. CREATE A VIRGINIA VOLUNTEER HEALTH SYSTEM (VVHS) ACCOUNT

When you signed up to become a member of the Central Shenandoah, Lord Fairfax, or Thomas Jefferson MRC, you likely did so by creating an online account and completing profile information through the Virginia Volunteer Health System (VVHS) (<https://vamrc.org/vvhs>). VVHS is a web-based system, administered by VDH, used to register, credential, track, and communicate with volunteers interested in assisting with health-related activities during emergencies. VVHS corresponds to the national ESAR-VHP program for registration of volunteer health professionals for emergency and disaster response. It is important to keep your contact information and details about any professional licensure you hold up to date in VVHS. See Appendix D for a step-by-step guide to creating and maintaining your VVHS profile.

### 2. ACCESS ONLINE LEARNING THROUGH TRAIN VIRGINIA

The next step toward becoming an active MRC member is to *access your profile on TRAIN Virginia* (<https://va.train.org>).

**Important:** As of 2017, all approved MRC volunteers in Virginia **already have a TRAIN-VA profile** that is created automatically when they register in VVHS.

TRAIN Virginia is an online learning resource managed by VDH. TRAIN enables you to take online courses to improve your skills and learn more about specific technical areas of public health emergency response. See Appendix E — Accessing Your TRAIN-VA A for a step-by-step guide to accessing your assigned TRAIN Account or creating a new TRAIN Virginia profile and registering for courses. You may also find helpful resources online at <http://www.vdh.virginia.gov/mrc/training/> and <https://www.train.org/tutorials/>



### 3. ATTEND ORIENTATION

It is important for all members to attend an MRC volunteer orientation. The two-hour orientation class provides an overview of the MRC program, including MRC policies & procedures, and covers a variety of emergency preparedness topics. Orientation also gives you an opportunity to meet other new MRC volunteers.

During orientation, we will ask you to review and sign the Northwest MRC Volunteer Agreement, the VDH HIPAA & Liability Policy, the Risk, Immunization and Insurance Statement, and a Background Investigation Request Form, as well as have your picture taken for your MRC ID badge. We will also notarize your completed Background Check Form (SP-167). All prospective volunteers should bring a photo ID to orientation so that we may verify your identity and make a copy to keep on file. Medical volunteers should bring their professional certifications so that we may verify your credentials and make a copy to keep on file.

The Northwest MRC program normally holds orientation classes in the afternoon or evening at the local health district offices. Orientation sessions are posted on the [Northwest MRC Events Calendar](#).

If you cannot make any scheduled orientations, reach out to the MRC coordinator to schedule an orientation for an alternate day and time.

- Central Shenandoah MRC orientations are held in the afternoon and evening at the Staunton-Augusta Health Department Environmental Health Office, 1426 North Augusta Street, Staunton, VA 22980.
- Thomas Jefferson MRC orientations are held in the afternoon and evening at the Charlottesville-Albemarle Health Department, 1138 Rose Hill Drive, Charlottesville, VA 22903, entrance #3: Environmental Health and Administration.
- Lord Fairfax MRC orientations are held in the afternoon at the Frederick-Winchester Environmental Health Office, 107 N Kent St # 201, Winchester, VA 22601 and in the evening at the Frederick Winchester Health Department main building, at 10 Baker Street, Winchester, VA, 22601.

### 4. COMPLETE BACKGROUND AND REFERENCE CHECK

Northwest MRC conducts background investigations that include criminal history record, sex offender registry, and crimes against minors. Depending on your volunteer assignment, a federal fingerprint background investigation may be conducted. Disqualifying convictions include, but are not limited to, the following: sexual offenses, violent activity, HIPAA violations, and inappropriate relationships with patients (healthcare workers). At his/her own discretion, the MRC Coordinator, in consultation with the District Health Director or their designee, will evaluate convictions on a case-by-case basis.

Additionally, the MRC Coordinator will check references for any MRC member who wishes to serve in a leadership capacity. References may be personal or professional; however, all references should be able to attest to your skills, qualifications, and personal attributes.

### VOLUNTEER LEVELS

The Northwest MRC recognizes that members differ in many regards, including age, interests, professional training, life experiences, and levels of obligation to other volunteer roles or paid positions. One goal of the MRC program is to create an atmosphere that works well for *all* members *and* ensures that the region is prepared in the event of a large-scale public health emergency. The Virginia tiered system of volunteering facilitates that goal:



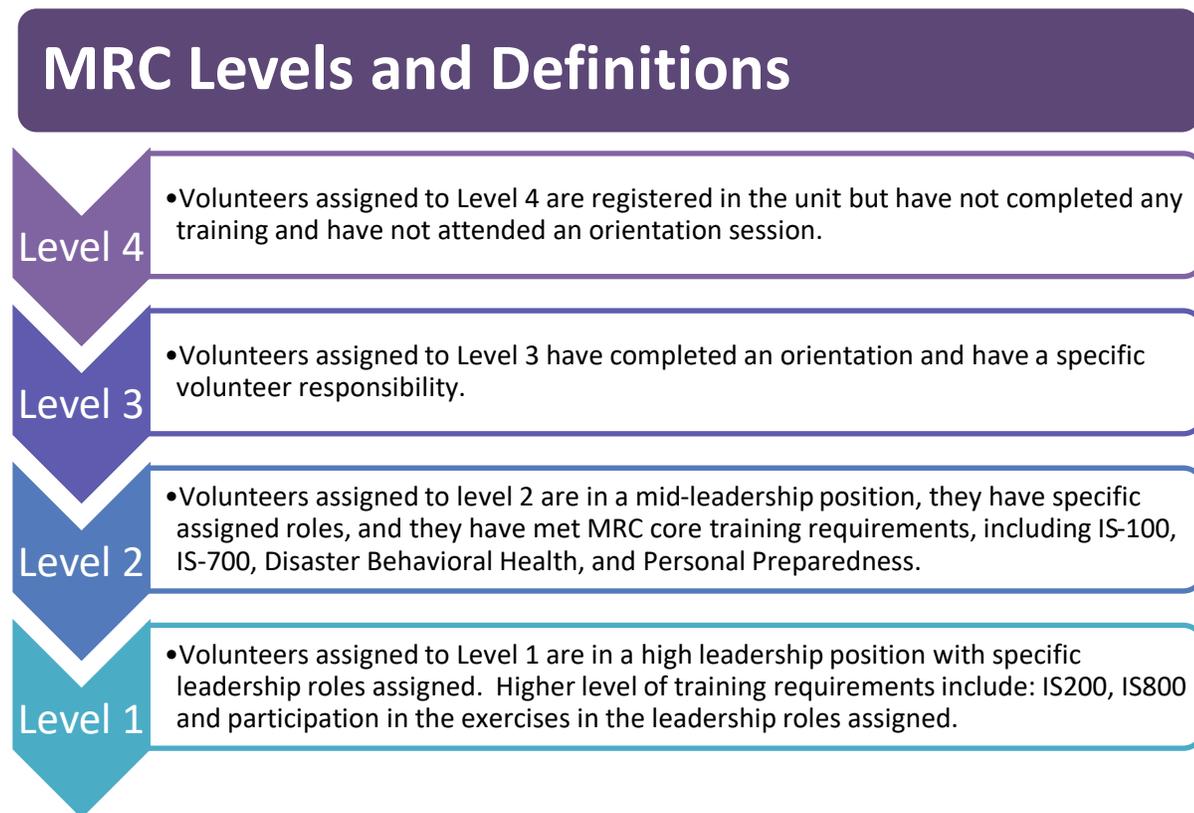
**Level 4:** Volunteers who are assigned to level 4 are registered in the unit, but no formal training and are inactive. These volunteers can receive alerts messages. If deployed in an emergency they would be sent to a volunteer reception center for processing and training.

**Level 3:** Volunteers are assigned to level 3 have completed minimal training, to include an orientation, and have no specific volunteer responsibility.

**Level 2:** MRC Level 2: Volunteers assigned to level 2 mid-leadership position in the unit may have specific assigned roles and have met MRC core competency requirements. These requirements include IS 100, IS 700, personal emergency preparedness and disaster behavior health.

**Level 1:** Volunteers assigned to level 1 are in a high leadership position with specific leadership roles assigned. Higher level training requirements include IS 200, IS 800 and participation in exercise and leadership positions. MRC level 1 volunteers must also obtain a FD-258 fingerprinting listed within the VVHS.

***Figure 3. MRC Member Levels***



## VOLUNTEER CONDUCT

As a member of the Northwest MRC and your local MRC unit, you should understand your responsibilities as well as the unit's definition of appropriate behavior. In general, the Northwest MRC program expects that members will comply with the following standards of behavior:

- Adherence to all local, state, and federal laws at all times
- Adherence to applicable safety standards



- Professional behavior and adherence to the volunteer code of conduct
- Professional appearance while participating in any MRC-related activity
- Adherence to the chain of command, both within the local MRC unit and any Incident Command System established during an emergency
- Clear display of current identification and unit affiliation while on duty

The complete Northwest MRC Code of Conduct is included with this *Handbook* as [Appendix A](#).

## SCOPE OF VOLUNTEER ACTIVITY

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Virginia law determines the scope of clinical work for *medical* volunteers; however, the state may lift some restrictions on scopes of practice in the event of a public health emergency. If the scope of your assigned volunteer activities changes, you will be notified by the Northwest MRC Coordinator or VDH public health staff and trained accordingly. The status of your professional license/credential may also affect the scope of your volunteer activities. If your license lapses or credentials change, you must immediately report the changes to the MRC Coordinator, in addition to updating this information in your VVHS profile, so that we do not place you in a volunteer position that requires an active license/credential.

The type of emergency in which the Northwest MRC is activated will determine the scope of volunteer activity for *non-medical* volunteers. The MRC Coordinator or the relevant incident command position will assign roles to non-medical volunteers based on the needs of the incident. Generally, non-medical volunteers perform support functions rather than clinical functions. Under no circumstances should a volunteer who does not have an appropriate medical license/credential attempt to perform any clinical function.

Note that several state provisions for volunteer liability coverage exclude coverage for activities that are not within a volunteer's position description. Therefore, it is important that you be familiar with your position description and that you perform strictly within the scope of your assigned role. If at any time you do not feel qualified or comfortable in performing the position you have been assigned, immediately contact the MRC Coordinator or supervisor.

## REPRESENTATION OF THE MRC

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Northwest MRC members should abstain from contacting or communicating with organizations or individuals on behalf of the Northwest VA MRC or the Central Shenandoah, Lord Fairfax, or Thomas Jefferson Health District unless the MRC Coordinator gives express written consent for a member to do so. MRC members are prohibited from publicly utilizing their MRC affiliation in connection with the promotion of partisan politics or religious matters. Prior to taking any action or making any statement that might significantly affect or obligate the unit, MRC members should seek consultation with and approval from the MRC Coordinator. These actions may include, but are not limited to, statements to the media, fundraising, coalition or lobbying efforts with other organizations, or any agreements involving contractual or financial obligations. Northwest MRC members are authorized to act as representatives of the unit only as specifically indicated in their position descriptions.

## CONFIDENTIALITY

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As a Northwest MRC member, you are responsible for maintaining the confidentiality of all proprietary or privileged information to which you may have access while serving as a volunteer. Confidentiality is particularly important with regard to clients' protected health information.



During orientation, you must read, understand, and agree to comply with the Virginia Department of Health Privacy Policy, included with this *Handbook* as Attachment B.

## ATTIRE

Northwest MRC members are expected to wear their MRC badge whenever serving in a volunteer capacity or visiting the health department. When you receive your MRC badge, you will also receive a badge clip so that you may wear your badge appropriately, in plain view above waist level. Any member that discontinues their affiliation with the Northwest MRC must return the badge to the MRC Coordinator.

**The Northwest MRC Coordinator may also issue an MRC shirt to members who have completed sufficient training to reach MRC Level 2** (IS-100 and IS-700, a course in disaster behavioral health, and a course on personal emergency preparedness). The shirt becomes the uniform of the volunteer. The Northwest MRC program expects that members will wear their shirt when deployed in a MRC capacity, such as during community outreach events or when responding to an emergency. Wearing your MRC shirt helps to strengthen the MRC brand, increase the visibility of the MRC in response efforts, and reinforces the professional role that you represent. You may wear your MRC shirt at MRC-related events or for non-MRC-related occasions, so long as you act in a responsible and professional manner consistent with our [Northwest MRC Code of Conduct](#), for instance: do not attempt to take advantage of the uniform to gain unauthorized access to an incident, do not speak on behalf of the Northwest MRC, and do not behave in an abusive or inappropriate manner.

During drills, exercises, and deployments, MRC members may be required to wear a vest to reflect their assigned role. If issued, you must return these items to the appropriate staff person after completion of your assignment.

## HEALTH & SAFETY

- Stay informed about hazards and emergencies that may affect our area; learn how to respond to all types of emergencies.
- Maintain a personal or family emergency plan.
- Keep an emergency go-kit at home and in your vehicle.
- Be sure that the information for your emergency contact person is up to date in VVHS.
- If you recognize any safety hazards or security issues while you are volunteering, notify your assigned supervisor immediately.
- If you suffer from any medical conditions that could be exacerbated by an emergency or affect your ability to volunteer, let the MRC Coordinator know.
- Learn about the possible emotional and physical impacts of an emergency on you and others. This knowledge will help you to understand and manage your reactions to stress and to work more effectively with others.



### GO-KIT CONTENTS

- Non-perishable food items
- Water
- Change of clothes (season-appropriate)
- Comfortable, protective footwear
- Identification
- Flashlight
- Radio
- Extra batteries
- Cell phone charger
- Medications
- First aid kit
- Personal hygiene items/toiletries
- Whistle
- Dust mask
- Work gloves
- Hat/sunglasses
- Sunscreen
- Insect repellent
- Rain jacket/ poncho
- Money
- Important phone numbers
- Copies of important documents



- Be sure to take a break whenever you need it and get plenty of rest following your shift.
- Eat nutritious food and stay hydrated. Emergency responders are often fed coffee, donuts, and pizza, so use your judgement!

See [Appendix H](#) for information about preparing a family emergency plan.

### PROTECTIVE EQUIPMENT

The Local Health District or the requesting agency (such as a hospital) will provide MRC members with personal protective equipment (PPE) as appropriate based on the nature of the emergency. This equipment may include gloves, masks, eye protection, and other personal protective items.

Members are prohibited from using MRC equipment and supplies for any purposes other than those directly associated with MRC activities or when needed to provide emergency care if an MRC volunteer finds himself or herself in a position to assist at the scene of an accident or illness. In each of these cases, the MRC will replace any disposable supplies used.

### DISCIPLINARY PROCEDURES

The Northwest MRC program expects that all members will meet standards of professional conduct while performing volunteer duties. If necessary, the MRC Coordinator will initiate action to address inappropriate conduct or performance and to correct behavior that negatively affects the MRC, its members, the Local Health District, or VDH. The level of disciplinary action will relate to the severity of the inappropriate conduct or behavior (i.e., actions need not occur sequentially). Disciplinary actions may consist of:

- 1) Informal Counseling (Verbal)
- 2) Formal Counseling (Documented)
- 3) Suspension
- 4) Dismissal

Any of the following constitute cause for disciplinary action:

<ul style="list-style-type: none"> <li>• Neglect of duty</li> <li>• Working outside the scope of clinical licensure/credentials</li> <li>• Incompetence</li> <li>• Dishonesty</li> <li>• Possessing, dispensing, or being under the influence or impaired by alcohol or an illegal substance while on duty</li> <li>• Commission or conviction of a felony or misdemeanor which would affect the volunteer's suitability for continued association with the MRC</li> <li>• Discourteous treatment of staff, fellow volunteers, or clients</li> </ul>	<ul style="list-style-type: none"> <li>• Willful disobedience of volunteer standards and the MRC Code of Conduct &amp; Liability Policy</li> <li>• Engaging in prohibited partisan political activity while on duty</li> <li>• Misuse of city or state government property</li> <li>• Unsafe work habits or behavior</li> <li>• Seeking to obtain financial, sexual, or political benefit from another employee, volunteer, or client by the use of force, fear, intimidation, or other means</li> <li>• Falsifying records</li> </ul>
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|---|--|
| <ul style="list-style-type: none"> <li>• Profane or abusive language</li> </ul> | <ul style="list-style-type: none"> <li>• Any other inappropriate conduct, performance, or behavior that constitutes cause for disciplinary action</li> </ul> |
|---|--|

Local Health Department staff or Incident Command staff supervising an MRC member may initiate informal counseling if necessary; however, any disciplinary action beyond informal counseling will involve the MRC Coordinator.

## NO SHOW POLICY

A volunteer “no shows” when they register for and have been assigned to a routine activity, emergency response, or training and do not show up or contact the MRC Coordinator or designee to inform them. This can result in events being short-staffed or result in empty seats when there is a waiting list for training. Volunteers should contact the MRC Coordinator as soon as possible if they are not able to participate after being deployed. Failure to do so may result in removal from the unit. For No-Call-No-Shows, two written warnings will be given over e-mail, and upon the third infraction volunteers will be notified in writing of removal from the unit. Volunteers with special circumstances (medical/family emergency, etc.) should contact the MRC Coordinator at their earliest convenience.

### VOLUNTEER DISMISSAL

The Northwest MRC accepts the service of all members with the understanding that such service is at the mutual discretion of the Northwest MRC and the volunteer. Northwest MRC members agree that the Northwest MRC may, at any time, decide to terminate the member’s relationship with the MRC unit. Likewise, an MRC member may, at any time, decide to sever their relationship with the MRC unit. Notice of such a decision should be communicated to the MRC Coordinator as soon as possible.

Volunteers are required to return their MRC badge and any other MRC-issued supplies or equipment upon termination of their affiliation with the Northwest MRC.

## TRAINING

### WHAT ARE OUR “CORE COMPETENCIES?”

Core competencies represent the baseline knowledge level and skills that all MRC volunteers should have, regardless of their assigned role. These competencies represent a minimum standard that the Northwest MRC builds upon to train volunteers at advanced levels. The competencies also provide a “common language” between MRC units that enables units to communicate their capacities to one another clearly and efficiently. As an MRC volunteer, you should be able to:

- 1) Demonstrate personal and family preparedness for disasters and public health emergencies
- 2) Demonstrate knowledge of one’s expected role(s) in organizational and community response plans activated during a disaster or public health emergency
- 3) Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency
- 4) Communicate effectively with others in a disaster or public health emergency



- 5) Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency
- 6) Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/ or community response plans
- 7) Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
- 8) Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies
- 9) Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
- 10) Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
- 11) Demonstrate knowledge of short- and long- term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency

The National Association of City and County Health Officials (NACCHO) developed a training plan based on the MRC Core Competencies, which as of November 2019 can be found at:

<https://www.naccho.org/uploads/downloadable-resources/2019-MRC-Core-Competencies-and-Training-Plan.pdf>

## TRAINING COURSES

Training is an important part of how we prepare as a unit to respond successfully, to emergencies and routine events alike. The training plan for Northwest MRC members was developed based on the expected competencies of all public health workers, as well as federal and regional requirements. Northwest MRC volunteers are expected to complete Orientation, one course on personal, family, or community preparedness, one course on disaster behavioral health, FEMA IS-100, and FEMA IS-700 within one year of registration. Additional training, is strongly recommended, but not required for membership.

Some training sessions are offered in-class only; however, many training sessions can be completed online. We also strongly encourage you to review the online trainings offered through the Federal Emergency Management Agency (FEMA) (<https://training.fema.gov/>) and TRAIN Virginia (<http://va.train.org>) and to register for the courses that interest you most.

Whenever you complete a course that requires registration through TRAIN Virginia, the system will keep a record of your course completion. If you take an in-class or online course outside of TRAIN, remember to provide the MRC Coordinator with a copy of your course completion certificate so that it may be included in your volunteer file and your volunteer level may be updated accordingly.

If you would like to register for in-class training or complete a course online but require assistance, contact the MRC Coordinator



### JUST-IN-TIME TRAINING

Due to time constraints and the amount of material to cover, it is impossible to train every MRC member in advance of every possible emergency. Therefore, during certain types of emergencies, the Northwest MRC or Local Health District will conduct just-in-time training for MRC members. Just-in-time training covers information that is relevant to the current incident. For example, during a response that requires the Central Shenandoah Health District to open points of dispensing (PODs), just-in-time training will cover specific information about the disease agent, dispensing protocols, the POD command structure, volunteer duties, and guidance for dealing with inquiries from the public or media.

### TRAINING FOR CAPABILITIES-BASED RESPONSE TEAMS

The Northwest MRC is training MRC volunteers from many different backgrounds in order to develop the following high-priority, capabilities-based response teams:

#### In-Class

- MRC Orientation
- Disaster Behavioral Health, Psychological First Aid
- Community Outreach for MRC Volunteers
- Introduction to Epidemiology
- Basic Life Support CPR, First Aid, and Stop the Bleed
- Medical Support Operations Team SOP Training



#### Online

- Basic ICS courses, IS-100, 200, 700, 800
- IS-242 Effective Communication
- VDH's Role in Emergency Response
- Mass Dispensing Sites: Primer for Volunteers
- VDH: An Introduction to Isolation & Quarantine
- Epidemiology introductory courses
- Shelter Training for Nurses



- **Medical Support Operations** – this team will provide first aid and BLS at planned events. Volunteers will also complete courses including, but not limited to: disaster triage, Stop the Bleed, CBRNE events (Chemical, Biological, Radiological, Nuclear, and Explosive), and Mass Casualty Incident (MCI) response.
- **Shelter Operations** – this team will train for and respond to incidents requiring mass care support, including the activation of an emergency shelter, family assistance center, or family reunification center, to provide medical and administrative support. Volunteers will complete VDH: Shelter Fundamentals and VDH: Shelter Training for Nurses, either in person or online. Team members should participate in one shelter activation drill per year—either a full scale exercise, functional exercise, or workshop.
- **Disaster Behavioral Health** – this is a multidisciplinary team of medical and non-medical volunteers from a variety of backgrounds, including professionally licensed and non-licensed mental health providers. The goal of this team will be to develop a cadre of volunteers who can respond to the most traumatic and stressful incidents and emergencies to which the Northwest MRC is called to support. Volunteers will complete training including, but not limited to: Introduction to Mental Health Preparedness (Online), Introduction to Disaster Behavioral Health (live in-person and online), Introduction to Psychological First Aid for MRC with Workshop (live in-person and online), and PFA Online. Supplemental reading materials and other resources will be provided to interested volunteers.
- **Mass Dispensing** – this team is comprised of medical and non-medical volunteers trained and/or experienced in conducting Point-of-Dispensing (POD) exercises, including seasonal flu PODs, but will also develop capacity to dispense vaccine for MMR, Hep A, and Tdap, as well as antibiotics in response to an anthrax attack or another attack involving bacterial agents. This team also includes the MRC vaccinator strike team, which trains rigorously every year to prepare for each annual flu POD exercise.
- **Epidemiological Investigation** – this team trains on the fundamental elements of epidemiology (surveillance, investigation, interviewing, laboratory diagnosis) and practice using the interview forms and questionnaire to assist the Local Health District epidemiology team.

## ONLINE TRAINING RESOURCES

[The Northwest MRC Training Plan](#) is designed to include both in-person and online training courses to support the development of these teams. A formal training schedule will be announced annually, and training dates and locations will be subject to change. In addition to responding to VVHS alerts, please look to the [Northwest MRC Events Calendar](#) to keep an eye out for scheduled training events, which will sometimes show up on the calendar with an Eventbrite link that allows you to RSVP.



## COMMUNICATION

### VIRGINIA VOLUNTEER HEALTH SYSTEM (VVHS)



Northwest MRC uses several routine methods of communication to connect with members; however, the primary method of communication is through the Virginia Volunteer Health System (VVHS). VVHS enables the MRC Coordinator to send out messages to one or dozens of members via email, phone, or text message.

All Northwest MRC members should complete an online VVHS profile and set up an alerting profile within VVHS so that they can receive messages about upcoming events, volunteer opportunities, emergency information, and MRC activations. Setting up an alerting profile requires you to provide your contact information, including phone numbers and email addresses, and to designate your preferred method of contact. It is important that you keep your contact information current so that we may reach you easily during an emergency if the MRC is activated to respond.

## ACTIVATION

### SUPPORT CAPACITY

The units that make up the Northwest MRC serve as local, “all-hazards” resources, augmenting, assisting, and supporting the existing local public health system. The units are organized into pools of members based on their levels of training, interest, and credentials. The MRC Coordinator assembles and assigns teams during the activation and mobilization phase based on the needs of the response. MRC members will only be assigned tasks or given responsibilities in functional areas for which they are clinically licensed, properly trained, or otherwise equipped.



## ACTIVATION PROCEDURES

### NON-EMERGENCY ACTIVATION

Northwest MRC may request volunteers for routine Health Department functions, such as:

- Public awareness campaigns
- Administrative support for public health programs
- Vaccination clinics (back-to-school, seasonal influenza, etc.)
- MRC recruitment tables
- Special projects

When volunteer opportunities arise, the MRC Coordinator will use VVHS to notify members via email. Notification will include a description of the volunteer need, the dates and times of the need, what MRC members will be requested to do, and contact information for the coordinating staff person. MRC members interested in the opportunity should indicate their availability through the VVHS alert and follow any other instructions contained in the email to confirm participation.

### EMERGENCY ACTIVATION

MRC members must follow all rules and regulations for the deployment of volunteers during an emergency. At no time should you self-deploy without first being activated and dispatched by the MRC Coordinator or authorized Health Department staff. Self-deployment constitutes a breach of the MRC Code of Conduct & Liability Policy, which will result in disciplinary action.



When the Health Director requests or authorizes MRC activation for an emergency, the MRC Coordinator will notify volunteers by VVHS email or phone recording and provide the following information:

1. Nature and scope of the event or emergency
2. Estimated numbers and types of volunteers needed
3. Location(s) to which volunteers are to report

To respond, follow the instructions outlined in the alert. You may be requested to report to a specific location at a designated time. If the activation information is unclear to you, contact the MRC Coordinator immediately.

## REPORTING FOR DUTY



The Northwest MRC participates in a wide-range of events and the unit may be activated for different types of public health emergencies, small and large. Consequently, the locations to which you may be asked to report could vary with each activation. For example, we may ask that you report directly to a specific work site for an outreach event. However, during a significant public health emergency, you may be asked to report first to a public health staging area for check-in, just-in-time training, and role assignment before being deployed to the actual incident.

Always follow the instructions for reporting as delineated in the alert message you receive. Whenever reporting for an assignment, remember to bring your MRC badge! Your MRC badge is required upon check-in and must be worn at all times while on duty. Depending on the scope and expected length of your volunteer shift, you should also consider bringing your Go-Kit or other items for your comfort and convenience.

## ROLE ASSIGNMENTS



When deployed, MRC members serve alongside staff in a variety of functions. The specific function that an MRC member fulfills can vary with each activation. Role assignments are based on the needs of the event, as well as your credentials and level of training. You will never be assigned to a function beyond the scope of your licensure, skills, or level of comfort.

Before beginning your assignment, you may receive a job action sheet and just-in-time training. A job action sheet is a tool that defines your assigned role and lists the specific tasks that you will be expected to fulfill. Just-in-time training prepares staff and volunteers immediately before beginning their assignments by providing specific incident and job duty information. Just-in-time training is especially helpful if you are activated to fill a role for which you have not previously received training.

During a response Northwest MRC will be required to staff POD sites fully.



## INCIDENT COMMAND SYSTEM & NATIONAL INCIDENT MANAGEMENT SYSTEM

The Northwest MRC will operate under the National Incident Management System (NIMS) Incident Command System (ICS) when activated in an emergency or disaster. All MRC members should have a basic understanding of ICS, regardless of their role or volunteer level. The use of NIMS/ICS enables the MRC to integrate with the emergency response system used by the Central Shenandoah, Lord Fairfax, and Thomas Jefferson Health Districts and local emergency services agencies.

### NIMS/ICS BASIC CONCEPTS

1. Many emergencies involve response from multiple disciplines and may involve more than one jurisdiction. NIMS/ICS addresses these issues by providing a standardized organizational structure, common terminology, and a flexible management system that is adaptable to multi-agency and multi-jurisdiction responses.
2. ICS provides the flexibility to activate and establish an organizational structure around the functions that need to be performed so that the response to the emergency is efficient and effective.
3. ICS is scalable and can be utilized for any type or size of emergency, ranging from a minor incident involving only a few emergency service agencies, to a major incident involving multiple agencies and/or jurisdictions.
  - a. ICS enables agencies throughout the Commonwealth of Virginia, and at all levels of government, to communicate using common terminology and operating procedures.
  - b. ICS enables the timely acquisition of resources during an emergency.
4. ICS organizational structure expands or contracts in a modular fashion based on the type and size of the incident:
  - a. The organization's staff is built from the top down.
  - b. The specific organizational structure established for any given emergency will be based on the management and resource needs of the incident.

### BASIC ICS ORGANIZATIONAL STRUCTURE

The basic ICS organizational structure is comprised of five sections: Command, Operations, Planning, Logistics, and Finance/Administration. Each section may contain several units, established as needed. Figure 4 (p.24) depicts a basic ICS structure.

#### Command

Command is responsible for overall management of the incident. Generally, the command function may be conducted in one of two ways: Single Command or Unified Command. In a Single Command structure, the Incident Commander is solely responsible for the overall management of an incident. In a Unified Command, all agencies that have a jurisdictional responsibility at a multi-jurisdictional incident contribute to the process of:

- Determining the overall incident objectives
- Selecting strategies
- Ensuring that joint planning for tactical operations is accomplished
- Maximizing the use of all assigned resources
- Developing the overall Incident Action Plan



Command Staff positions include the Incident Commander (and Deputy Incident Commander if necessary), Public Information Officer, Safety Officer, and Liaison Officer. Command Staff positions may be established to assign or delegate responsibility for command activities that the Incident Commander cannot perform due to the complexity of the incident or other situational demands.

#### **Incident Commander**

The Incident Commander's function is to assume overall responsibility for the management of the operation. The Incident Commander may be selected based on the greatest jurisdictional involvement in the incident, the number of resources involved in the incident, existing statutory or pre-agreement authority, or mutual knowledge of the individual's qualification for a specific type of incident.

#### **Public Information Officer (PIO)**

The PIO is responsible for developing accurate and complete information regarding incident cause, size, current situation, resources committed, and other matters of general interest. The PIO will normally be the point of contact for the media and other organizations desiring information about the incident. In both Single and Unified Command structures, only one PIO is designated, although assistants from other agencies or departments may be appointed.

#### **Safety Officer**

The Safety Officer is responsible for assessing hazardous or unsafe situations and developing measures to ensure the safety of incident personnel. The Safety Officer must have the authority to stop and/or prevent unsafe acts and practices. In both Single and Unified Command structures, only one Safety Officer is designated, although assistants from other agencies or departments may be appointed.

#### **Liaison Officer**

The Liaison Officer is the point of contact for assisting and cooperating agency representatives and stakeholder groups. Only one Liaison Officer will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdictional incidents.

### **Operations**

The Operations Section is responsible for the management of all incident tactical operations (i.e., those operations directed at the reduction of immediate hazards, the establishment of control over the situation, and the restoration of normal activities and conditions).

### **Planning**

The Planning Section is responsible for the collection, evaluation, and dissemination of disaster intelligence. This section maintains information on the current and forecast situation and on the status of assigned resources. The Planning Section is also responsible for the preparation of Incident Action Plans, which outline the objectives, strategy, organization, and resources necessary to mitigate an incident effectively and cover tactical and support activities for a given operational period.

### **Logistics**

The Logistics Section is responsible for providing all support needs to an incident, including ordering all resources from off-site locations. The Logistics Section provides facilities, transportation, supplies, and equipment maintenance, as well as fueling, feeding, communications, and medical services.



### Finance/Administration

The Finance/Administration Section, usually established only in large and complex incidents, is responsible for all financial and cost analysis aspects of an incident. This section also oversees contract negotiations, tracks personnel and equipment time, processes claims for accidents and injuries, and works with the Logistics Section to procure resources.

**Figure 4. Basic ICS Structure**



## LIABILITY PROTECTION

Activated MRC members fall under the liability and risk management codes of the Commonwealth of Virginia and those of the local government in the locality in which they respond, provided that members act within the scope of their training and assignment. The following is a collection of federal, state, and local laws that may apply to members of the Northwest MRC:

### Local City & County Codes

Some local codes and ordinances provide protections for persons voluntarily rendering aid in an emergency without any expectation of reward or payment. The Northwest MRC works with local governments to determine what, if any, additional protections or limitations to protections are applicable to volunteers as a result of local codes or ordinances.

### Virginia Code § 2.2-3605, Virginia State Government Volunteers Act

Gives volunteers in state and local service the protection of the Commonwealth's sovereign immunity to the same extent as paid staff. Volunteers include, but are not limited to, persons who serve in a MRC unit.

### Virginia Code § 8.01-225 through 225.02, Good Samaritan Act

Exempts from civil damages any person who, in good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic or doctor's office.

Also provides certain liability protections for health care providers and any hospital or other entity that credentials health care providers when a local emergency has been or is subsequently declared and the conditions cause a lack of resources rendering the health care provider unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency.



**Virginia Code § 32.1-48.016, Immunity from Liability**

Any person, including a person who serves in a MRC unit, who, in good faith and in the performance of his/her duties, acts in compliance with this article and the Board of Health's regulations shall not be liable for any civil damages for any act or omission resulting from such actions unless such act or omission was the result of gross negligence or willful misconduct.

**Virginia Code § 44-146.23, Immunity from Liability**

Neither the Commonwealth, nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in cases of willful misconduct, public or private employees, nor representatives of any of them, engaged in any emergency services activities while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities. For the purposes of the immunity conferred by this subsection, representatives of public or private employees shall include, but shall not be limited to, volunteers in state and local services who are persons who serve in a MRC unit.

**Public Law 109-148, Public Readiness and Emergency Preparedness Act (PREP Act)**

Provides immunity from liability claims arising from administration and use of covered countermeasures to manufacturers, distributors, program planners, and qualified persons involved in the administration and use of a covered countermeasure, as specified in a declaration by the Secretary of the US Department of Health and Human Services, except in cases of willful misconduct.

At orientation, Northwest MRC members must sign the VDH HIPAA & Liability Policy, acknowledging they have read and understand the scope of liability protection provided to them as volunteers acting under the direction of the Virginia Department of Health during an emergency or disaster.

**Other Laws**

There may be other laws applicable to Northwest MRC volunteers, depending on recent changes or situational considerations. Consult the [Emergency Law Inventory](http://legalinventory.pitt.edu), housed at [legalinventory.pitt.edu](http://legalinventory.pitt.edu), for questions about protections for specific roles and scenarios.

## FREQUENTLY ASKED QUESTIONS



### WHO CAN JOIN THE NORTHWEST MEDICAL RESERVE CORPS?

Community members, with or without medical training, who are willing to support routine public health activities or serve during public health emergencies are encouraged to join the Central Shenandoah, Lord Fairfax, or Thomas Jefferson MRC. This includes professionals from all health occupations; however, many positions in the MRC do not require medical skills. The Northwest MRC has non-medical members who provide education, logistics, communication, coordination, and other support. Most Northwest MRC members live and/or work in the district for which they volunteer; however, local residency is not a requirement. Some of our members live in Central Shenandoah and volunteer with Thomas Jefferson MRC because they commute to Charlottesville for work, or vice versa.

### CAN I VOLUNTEER IF I'M NOT CURRENTLY LICENSED OR PRACTICING IN THE MEDICAL FIELD?

Yes. The MRC needs both medical and non-medical members. Some of the volunteer positions for members will require medical licensure, to protect the member as well as to ensure the best care for those in need of medical attention. In the event of a disaster, members with prior medical expertise could serve as POD leaders, medical interviewers, among other positions. There will also be a need for unlicensed health professionals and individuals without medical training to fill support roles. The Northwest MRC offers training in emergency response, public health, and other related fields to all of its members.

### AM I OBLIGATED TO VOLUNTEER IN AN EMERGENCY?

You are a volunteer, so there is no requirement that you be available for every emergency. Certainly, we understand that you may have personal circumstances including work, military duty, or family commitments that may prohibit you from volunteering at any given time. The Northwest MRC participates in numerous non-emergency public health activities, and we encourage you to become involved in this way if you have other emergency response commitments.

### WHAT LIABILITY PROTECTION IS AVAILABLE FOR VOLUNTEERS?

In 2005, the Virginia General Assembly passed House Bill 2520, which amended the immunity provisions of the Virginia State Government Volunteers Act to cover persons who serve in a MRC unit. [Other liability protections at the local and state level](#) also apply to MRC volunteers when serving in an official volunteer capacity. It is important to note that the MRC program should never place you in a position to perform any task that is outside your existing scope of practice, experience, or level of comfort. Volunteers can protect themselves by working only within their scope of practice or skill level at all times. In some cases, licensed health care volunteers may be asked to work in a more limited scope than they do in their daily work, depending on the scope of the assignment. If you have questions about your assigned scope, notify your supervisor and/or the MRC Coordinator immediately.

### WILL YOU ASK ME TO VOLUNTEER FOR AN EMERGENCY OUTSIDE OF VIRGINIA?

MRC members are considered local assets; however, in limited circumstances Northwest MRC members could be asked to deploy as Virginia MRC volunteers to another state in support of a



state-to-state response request via the Emergency Management Assistance Compact (EMAC). The MRC Coordinator will relay all volunteer requests and deployment information to volunteers. Members who wish to deploy both within the state and nationally are required to complete NIMS and ICS training.

### **HOW WILL YOU CONTACT ME IN AN EMERGENCY?**

---

We will notify you by **email, phone, and text** message using the contact information you provided in VVHS when applying to join the MRC. Therefore, **it is very important that you keep your contact information current in your VVHS profile.**

### **WHO WILL HAVE ACCESS TO MY PERSONAL INFORMATION?**

---

The MRC Coordinator, Regional Health Emergency Coordinator, Local Health Emergency Coordinator, and State Volunteer Coordinator all have access to the personal information you provided in VVHS. Your personal information may only be used for local MRC and Local Health District purposes as it relates to your volunteer role. You will be notified if there is a need to provide your information to any other organization.

### **IF I HAVE CONCERNS ONCE I HAVE VOLUNTEERED, WHOM DO I CONTACT?**

---

The Northwest MRC Coordinator is your primary point of contact. The MRC Coordinator may be reached by phone at 434.566.7357 (mobile) or 540.332.7830 ext 302, or by email at [northwest@vamrc.org](mailto:northwest@vamrc.org). If needed, you may also contact the Local Health Emergency Coordinator for your unit at the following numbers:

- For Central Shenandoah, dial 540.332.7830 ext 311
- For Lord Fairfax, dial 540.771.3033
- For Thomas Jefferson, dial 434.422.4577

If you are unable to reach the MRC Coordinator or the Local Health Emergency Coordinator, you may contact the State Volunteer Coordinator by emailing [VAMRC@VDH.VIRGINIA.GOV](mailto:VAMRC@VDH.VIRGINIA.GOV).

## APPENDIX A — CODE OF CONDUCT

Northwest  
VIRGINIA



### NORTHWEST MEDICAL RESERVE CORPS CODE OF CONDUCT

All members of the Northwest Medical Reserve Corps (MRC) shall meet the following standards of conduct. As a member of the Central Shenandoah/Lord Fairfax/Thomas Jefferson MRC, I agree to:

#### Ethical Conduct

- **Scope & standards:** Maintain and abide by the standards of my profession, including licensure, certification and/or training requirements to support my MRC role
- **License status:** Report changes to professional licensure, including suspension or termination, to the MRC Coordinator
- **Affiliation:**
  - Act in the capacity of a MRC responder and present myself as a MRC member only with prior authorization/deployment by the MRC Coordinator, or by the District Health Director or their designee
  - Refrain from accepting or seeking on behalf of myself or any other person, any financial advantage or gain as a result of my affiliation with the MRC
  - Abstain from publicly using my MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue that do not reflect an evidence-based or evidence informed approach to public health, emergency preparedness, response, or recovery
  - Avoid knowingly taking any action or making any statement intended to influence the conduct of the MRC in such a way as to confer any special benefit on any person, corporation, or entity in which I have an interest or affiliation
- **Inappropriate conduct:** Avoid inappropriate conduct and behavior, including behavior that is dangerous to others or myself (e.g., acts of violence, verbal or physical abuse, harassment)
- **Conflict of Interest:** Avoid situations that could be interpreted as a conflict of interest
- **Use of government resources:** Abstain from the use of locality and state equipment and resources for personal use
- **Substance Use/Abuse:** Refrain from transporting, storing, or consuming alcoholic beverages or illegal substances while performing volunteer duties
- Abstain from responding for duty under the influence of alcohol or illegal substances or under the influence of prescription or non-prescription medication that may impair my functioning
- **No Shows:** Contact the MRC Coordinator as soon as possible if I am not able to participate after registering and being deployed to any event, emergency response, or training
- **Recording:** Abstain from the use of audio or video recording equipment, unless authorized



- **Contact Information:** Keep contact information current in the Virginia Volunteer Health System ([www.vamrc.org/vvhs](http://www.vamrc.org/vvhs)) and request assistance if I am unable to log in

### Safety

- Put safety first in all volunteer activities
- Wear my MRC badge when deployed to any MRC-sponsored activity or while on site at the health department
- Dress for the environment and wear appropriate and protective clothing (closed-toed shoes, long pants, long sleeves in certain scenarios), if activated to respond
- Respect and use all equipment and supplies appropriately
- Promote healthy and safe work practices
- Take care of and be respectful of self and others
- Maintain awareness of my ability to manage stress, and my suitability for a particular assignment, task, or deployment
- Report injuries, illnesses, accidents, safety hazards, and suspicious activity to the appropriate staff member

### Respect

- Refrain from using and disclosing any protected information, to which I may have access, to any person not authorized to receive such information
- Avoid commenting with, answering questions, or divulging information to the media
- Respect other persons regardless of race, ethnicity, ancestry, national origin, immigration status, religious affiliation/beliefs, sexual orientation, gender, occupation, or political affiliation (so long as their actions do not threaten the safety of others)
- Treat others with courtesy, sensitivity, tact, consideration, and humility
- Accept the chain of command and respect other volunteers, staff, and partners, regardless of their position

### ACKNOWLEDGEMENT

I acknowledge that I have read and understand the information above and the information contained within the Northwest Medical Reserve Corps Member Handbook. I agree to abide by the Northwest MRC Code of Conduct when performing my duties as a member of the Northwest MRC.

Volunteer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX B — HIPAA & LIABILITY POLICY ACKNOWLEDGEMENT

### Virginia Medical Reserve Corps HIPAA & Liability Policy Acknowledgment

#### **Health Insurance Portability and Accountability Act (HIPAA) Protects Patient Privacy**

As a volunteer performing duties for the Virginia Department of Health (VDH), you may be granted access to the Protected Health Information (PHI) of our clients. The fact that an individual is or was a client of the Virginia Department of Health is PHI. Federal and state laws, including HIPAA and our policies and procedures, protect the privacy and security of this PHI. It is illegal for you to use or disclose PHI outside the scope of your volunteer duties for the Virginia Department of Health. This includes oral, written, or electronic uses and disclosures. The following are guidelines for using public health information:

- ★ You may use PHI as necessary to carry out your duties as a student/volunteer.
- ★ You may share PHI with other health care providers for treatment purposes.
- ★ You may NOT photocopy PHI.
- ★ You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment.
- ★ You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, etc.) on any assignments you may need to turn into your instructor, reports you may need to turn in to your program, or forms you may need to take with you.
- ★ You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI.
- ★ Be aware of your surroundings when discussing PHI. For example, because others may overhear you, it is inappropriate to discuss PHI in bathrooms, lunch areas or in any other public place.
- ★ When disposing of any documents with PHI, do NOT put them into a waste can. Instead, place discarded documents with PHI into containers marked for shredding.
- ★ If you have questions about the use or disclosure of PHI, contact the health district's Privacy Officer or Medical Reserve Corps Coordinator.

#### **MRC Volunteer Liability**

Persons who volunteer to serve in a Medical Reserve Corp (MRC) unit could be protected from liability for injuries to persons treated by the MRC through various provisions of state and federal law. *(Note that in all cases the facts of the situation will determine if liability protections apply.)*

Code of Virginia § 44-146.23 (Commonwealth of Virginia Emergency Services and Disaster Law of 2000)

- MRC volunteers while engaged in emergency service and activities should be immune from liability for negligence caused when providing medical and health services so long as they are doing so under supervision of the VDH.
  - An emergency includes the threat of an occurrence that could cause substantial harm, preparing for disasters, and the prevention of injury.
- Additionally, during an emergency, those volunteers who are licensed or certified to render health care services should receive immunity from negligence when they gratuitously render aid using their skills.

Code of Virginia § 2.2-3600 et seq., (State Government Volunteers Act)



- MRC volunteers may enjoy the protection of the Commonwealth’s sovereign immunity if they are deemed to be a volunteer of VDH.

Code of Virginia § 8.01-225.02 may provide certain liability protection for health care providers during declared disasters.

- In the absence of gross negligence or willful misconduct, any health care provider who responds to a disaster shall not be liable for any injury or wrongful death of any person arising from the delivery or withholding of health care when (i) a state or local emergency has been or is subsequently declared in response to such disaster, and (ii) the emergency and subsequent conditions caused a lack of resources, attributable to the disaster, rendering the health care provider unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency and which resulted in the injury or wrongful death at issue.

Code of Virginia § 8.01-225.01 - may provide protection from liability in cases where a provider is alleged to have abandoned his own patients while helping out in a declared emergency.

Code of Virginia § 8.01-225 (Good Samaritan Act)

- If MRC members are actually assisting ill or injured people at a “scene of an accident, fire, or any life-threatening emergency” the Good Samaritan Act may apply.

Federal Law: Public Readiness and Emergency Preparedness Act (PREP Act) Pub. L. 109-148

- If the MRC’s activities relate to the dispensing of drugs or devices in an emergency situation, the PREP Act might apply.
- During a public health emergency, the Secretary of HHS may appoint MRC volunteers as intermittent disaster response personnel, which grants them the legal protections when they are working within the scope of their Federal employment as members of the MRC federal deployment cadre.  
(<http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Volunteer-Toolkit/>).

### **Liability & Risk Management**

Virginia Medical Reserve Corps volunteers are covered by VDH’s Risk Management policy for daily public health activities when under the direction of VDH and abiding by VDH volunteer policies. (Virginia Code 2.2-1837 and 2.2-1840)

- This includes up to \$2 million in Tort/Medical Malpractice Liability and up to \$10,000 for medical payment claims.

### **Acknowledgement**

I acknowledge that I have read and understand the information above. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of PHI. I will abide by the volunteer policies and guidelines when performing my duties as a Medical Reserve Corps volunteer for the VDH.

Volunteer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**APPENDIX C — BACKGROUND VERIFICATION**

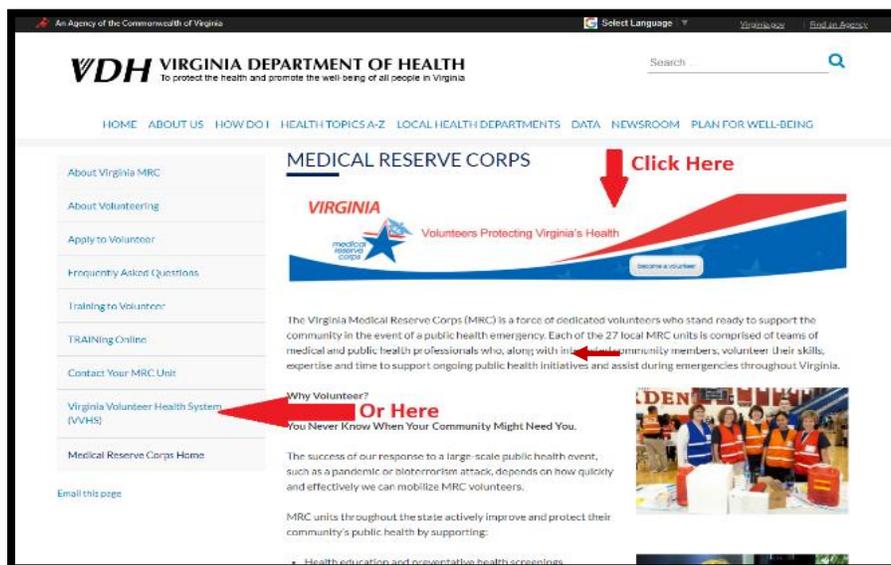
<b>PURPOSE OF THIS REQUEST (Check only one):</b>			
<input type="checkbox"/> ADOPTION-DOMESTIC	<input type="checkbox"/> ADOPTION-INTERNATIONAL	COUNTRY: _____	
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input checked="" type="checkbox"/> OTHER (please specify): <b>Volunteer, MRC Unit:</b> _____		
<b>NAME INFORMATION TO BE SEARCHED:</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
RACE	SEX	DATE OF BIRTH / / (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
<b>AFFIDAVIT FOR RELEASE OF INFORMATION:</b>			
I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.			
			Signature of Person
State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20____.			
My Commission expires _____, 20____. My registration # is: _____			
			Signature of Notary Public
<b>SIGNATURE OF PERSON MAKING REQUEST:</b>			
As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.			
			Signature of Person Making Request
State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20____.			
My Commission expires _____, 20____. My registration # is: _____			
			Signature of Notary Public
<b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:</b>			
Mail Reply To:			
NAME Virginia Department of Health			
ATTENTION Jennifer Freeland			
ADDRESS 109 Governor Street., 13th floor			
CITY Richmond	STATE VA	ZIP CODE 23219	
<b>FEES FOR SERVICE:</b>			
FEES:		* FEES For Volunteers with Non-Profit Organizations:	
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH	<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH		
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<input checked="" type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH		
* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.			
<b>METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)</b>		<b>Mail Request To:</b>	
<input type="checkbox"/> Business or Certified Check or Money Order (payable to Virginia State Police)		Virginia State Police Central Criminal Records Exchange - NF P.O. Box 85076 Richmond, Virginia 23261-5076  ATTN: NEW FORM	
<input type="checkbox"/> Charge Card <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa 			
Account Number: _____			
Expiration Date: ____/____/____			
Signature of Cardholder: _____			
<input type="checkbox"/> Virginia State Police Charge Account Number: _____			
<b>FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>			
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.			
<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Sex Offender Registration Record		Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O	
<input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> Criminal Record Attached			
Date _____ By CCRE/ _____			



## APPENDIX D — USING THE VIRGINIA VOLUNTEER HEALTH SYSTEM (VVHS)

VVHS is a web-based system used to register, credential, track, and communicate with volunteers interested in assisting with public health activities during emergencies. Current volunteers are required to keep their VVHS profile up-to-date.

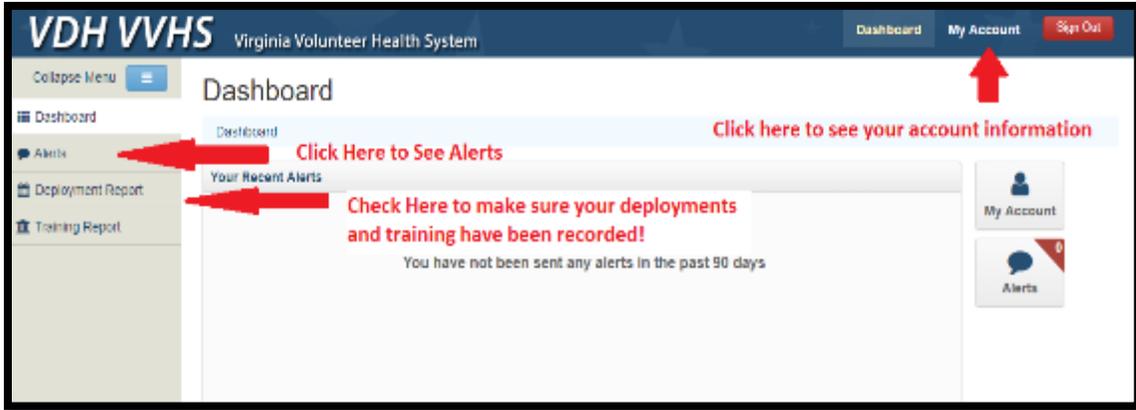
1. In order to login to your VVHS account, Go to <http://vamrc.org>, then click “VA Volunteer Health System (VVHS)” or click the large banner under “MEDICAL RESERVE CORPS”



2. Alternatively, you can go to [www.vamrc.org/vvhs](http://www.vamrc.org/vvhs). Enter your userID and password and click “Sign In.” If you haven’t registered yet, click the blue button on the left side of the page that says “Register as a New Volunteer.”



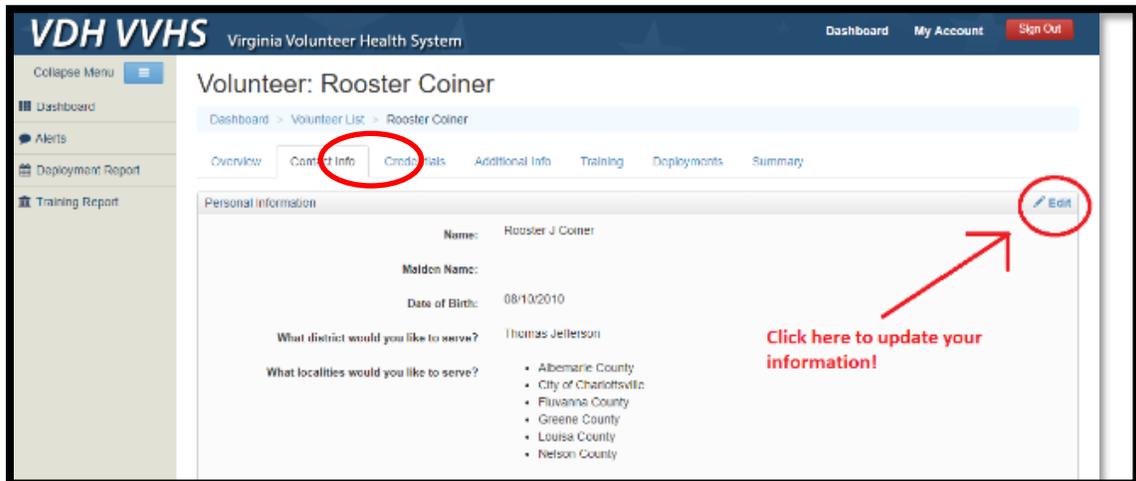
- The Dashboard, or welcome screen, is pictured below. In order to access your account information, click "My Account" in the top right corner of the screen.



- You are able to view your account information and volunteer activity by clicking on the tabs shown below.



- In order to update your personal information, click the "Contact Information" tab and click the "edit" button located to the right of the corresponding field.



6. In order to update your credentials, click the "Credentials" tab and click the "edit" button located to the right of the corresponding field. Please include your driver's license number and medical license number (if applicable). We use your driver's license number to identify you if you do not have your MRC badge when checking in for assignment. We verify your medical license (if applicable) through the Department of Health Professions.

VDH VVHS Virginia Volunteer Health System

Dashboard My Account Sign Out

Volunteer: Rooster Coiner

Dashboard > Volunteer List > Rooster Coiner

Overview Contact Info **Credentials** Additional Info Training Deployments Summary

Employer Reference Cancel

\* Current Job Status: Full Time

\* Employer / Reference / School Name: Cal Mom & Cal Dad's House

\* Primary Occupation: Communication Professional

Specialty Area/Field of Study: Nursing

\* Do you currently work as a licensed healthcare professional in a hospital?  Yes  No  N/A

\* Do you currently work as a licensed healthcare professional in a field other than a hospital?  Yes  No  N/A

Save or Cancel

License & Certification Edit

Licensure

Credential Type	License Number	State	Issuing Organization	Expiration
No credentials on file				

Current CPR & Life Support certifications

Certification Type	Issuing Organization	Expiration
No certifications on file		

7. The MRC Coordinator or their designee will contact you via VVHS e-mail alerts. In order to view event details, click the link within the body of the e-mail.

Alert Sent Via: email  
Rooster J Coiner,

**Click this link to respond!**

We need volunteers to help staff a Point-of-Dispensing site in your area, from 8:00 am to 8:00 pm, this Wednesday through next Saturday.

[Please click here for more information and to indicate your availability for this event.](#)

Thank you for volunteering to protect Virginia's health!

Regards,  
Christopher Rini  
Virginia Volunteer Health System  
Email: [northwest@vamrc.org](mailto:northwest@vamrc.org)  
Phone: (434) 566-7357

8. Once you have clicked the link, you will be able to respond to the alert by selecting your availability on the webpage. You may also have the option to select a shift(s), if several shift options are available.

**Alert Confirmation**

**Alert Details**

Sent On: 5/14/2019 at 3:35 PM

Subject: [VVHS] Training: Hospital Coordination Support Team, Thurs. June 20, 8-8PM

SMS Message: Training for Hospital Coordination Logistics Support, Thursday June 20, 8-8 PM. See VVHS Email to RSVP. [hyperlink](#)

Email Message: What: The Regional Healthcare Coordination Center (RHCC) for the [Northwest Regional Healthcare Coalition \(NWRHCC\)](#) serves a vital role in coordinating between hospitals and other facilities in our region. In planning and in emergencies, such as determining and sharing bed counts in the event of a facility evacuation.

In the event of an extended disaster response, RHCC staff will need to be working around the clock to ensure effective coordination, and Medical Reserve Corps volunteers trained in using the Incident Command System can play a vital role in supporting this work. Volunteers interested in providing logistical and communications support in a disaster should attend this training.

Training Agenda:

- Review of MRC roles, ICS/NIMS, existing models for RHCC Support Teams
- Relationship between VDH and the Regional Healthcare Coalition
- Virginia Healthcare Alerting & Status System (VHASS) Overview
- Function of RHCC in an emergency/disaster
- Job Action Sheets for MRC volunteers
- Additional training required

When: June 20, 2019 @ 6:00 pm – 8:00 pm

Where: RHCC Headquarters, 8707 Seminole Trail Suite 203, Ruckersville, VA 22988 [hyperlink](#)

Who: Any MRC volunteers are welcome to attend this training, provided you first complete the IS 100 C and 700 B courses on the [volunteer training plan](#) (if you have not already completed ICS and NIMS training). I will provide an overview of the Incident Command System and National Incident Management System to any interested volunteers prior to this training.

How: Select "Attending in person" if you plan to attend this training event. Select "Interested" if you would like to join the RHCC support team, but are unable to attend due to the location or time of the training. I will contact you to follow up and explore other options for you to receive training.

Additional Information: Please let me know if you have questions about this new training opportunity. Also please note that there will be training opportunities for medical volunteers no later than June. A new training calendar is coming soon!

Attachments: [RHCC\\_Support\\_Logistics\\_Team\\_training\\_fyer\\_05142019.pdf](#) **attachment**

Category: Training

**Event Choices** [select your response option\(s\)](#)

Available	Location	Locality	Date	Time	Roles	Volunteers Needed
<input checked="" type="checkbox"/>	Attending in person		6/20/2019	6:00 PM to 8:00 PM		(Unlimited)
<input type="checkbox"/>	Interested but cannot attend (time/location conflict)		6/20/2019	6:00 PM to 8:00 PM		(Unlimited)

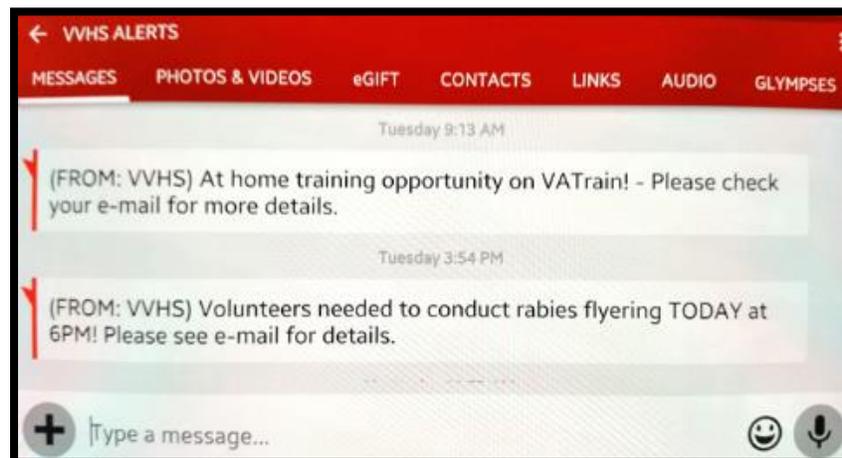
**Click here to submit your response and confirm that you are available**

[I'm Available For The Selected Events](#) [I'm Not Available For Any Of These Events](#)

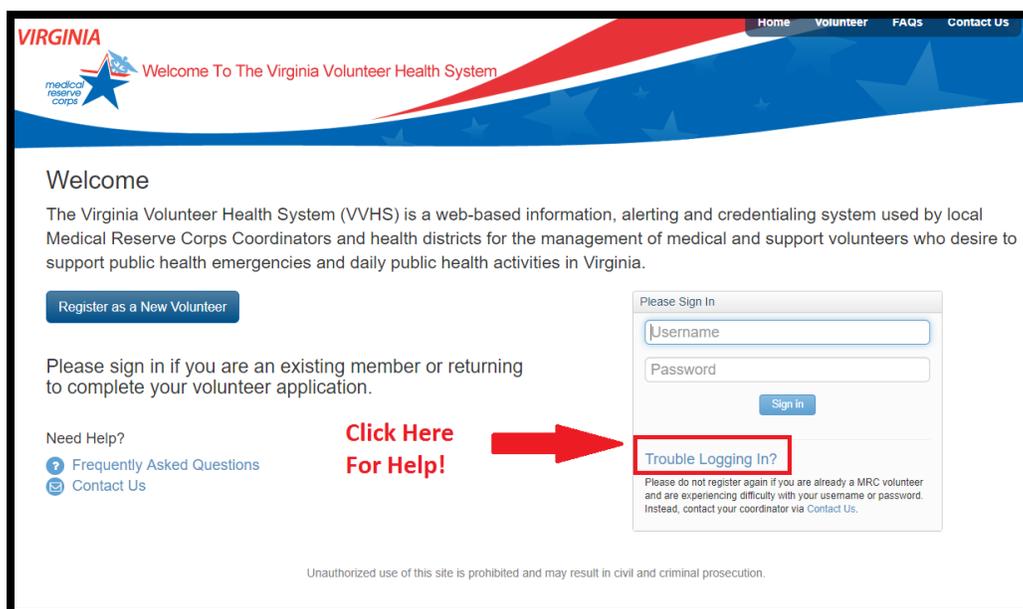
Cancel

9. You may also receive alerts by phone. The phone number for these alerts is **(804) 864-7200**. Save this number as VVHS or MRC Alerts in your contact book. All phone alerts will begin with, "This is a message from the Virginia Volunteer Health System..."

10. You may also receive alerts via text message on your mobile device. Text alerts will prompt you to check your e-mail for details (you cannot reply or confirm via text). A text message alert may look like this:



11. In the event that you forget your UserID or password, click the "Trouble Logging In?" button. You may also contact the MRC Coordinator for assistance with your VVHS account.



12. If you wish to deactivate from the MRC or unsubscribe from VVHS, please contact the MRC Coordinator. If you wish to transfer your affiliation to another VA MRC unit or rejoin the MRC later, the MRC Coordinator will make changes to your VVHS profile.

If you are temporarily unavailable to volunteer, you can indicate so by checking the temporarily unavailable option in your volunteer profile at the bottom of the "Interests" tab. By doing so, you will no longer receive alert messages from VVHS. When you become available, you can change this option in VVHS or contact the MRC Coordinator.

## APPENDIX E — ACCESSING YOUR TRAIN-VA ACCOUNT

The next step toward becoming an active MRC member is to *access your profile on TRAIN Virginia* (<https://va.train.org>). **Important:** As of 2017, all approved MRC volunteers in Virginia **already have a TRAIN-VA profile** that is created automatically when they register in VVHS. TRAIN Virginia is an online learning resource managed by VDH. TRAIN enables you to take online courses to improve your skills and learn more about specific technical areas of public health emergency response. In addition to TRAIN-VA's vast, searchable library of courses, the Northwest VA MRC has its own comprehensive online training plan, which can be located at [https://www.train.org/virginia/training\\_plan/3132](https://www.train.org/virginia/training_plan/3132). The training plan can be used by any and all members of the Northwest VA MRC unit.

This Appendix will take you through the steps of accessing your TRAIN account.

1. First, to locate your TRAIN account information, log into VVHS and click on "My Account." Click on the Training Tab.

VDH VVHS Virginia Volunteer Health System

Click here to locate your TRAIN User-ID (or see if you have one)

Dashboard My Account Sign Out

Volunteer: Rooster Coiner

Dashboard > Volunteer List > Rooster Coiner

Overview Contact Info Credentials Additional Info **Training** Deployments Summary

Rooster J Coiner

Member Since:	n/a	Application Status:	Approved
MRC Volunteer Level:	Level 4	Last Modified:	06/10/2019
Medical/ESAR-VHP Level:	None	Modified By:	christopher.rini
DHP Licenses:	None	Username:	chrifrini
District:	Thomas Jefferson	Date of Birth:	08/10/2010
Phone:	(434) 972-6230		
Email:	christopher.rini@vdh.virginia.gov		
MRC Badge Issued:	n/a		

Deployments: 0  
Total Alerts: 0  
Available: 0

2. On the Training Tab, look for your User ID. You may or may not also have a FEMA Student ID (SID). The FEMA Student ID is required for any FEMA Independent Study course, many of which are included on our training plan. You can request a new user id from the MRC coordinator. In some cases, the MRC Coordinator can change TRAIN User ID to match your VVHS user ID.

Volunteer: Rooster Coiner

Dashboard > Volunteer List > Rooster Coiner

Overview Contact Info Credentials Additional Info **Training** Deployments Summary

PDF Training Summary

This is what automatically-generated TRAIN usernames look like. Sorry.

Training Account Information

★ TRAIN Virginia User ID:	VVHS5984040937	Login to TRAIN VA
TRAIN Virginia MRC Assignment:	Thomas Jefferson MRC	Send Request to Change Your MRC Unit
FEMA Student ID (SID) Number:	XXXXXXXXXX	FEMA Login
VDH Volunteer Start Date:		Find More Information on Volunteer Training

LINKS

Competencies

Below is a list of the competencies and the dates you completed each:

Blood Borne Pathogens: --	CORE COMPETENCIES are listed here.	Mass Dispensing Overview: --
Blood Pressure Measurement: --		Mental Health Preparedness - Psychological First Aid: --
Certified VDH Vaccinator: --	When you complete the corresponding sections of the Online Training Plan (or have applicable in-person training), the MRC Coordinator will check off the dates you completed them.	National Incident Management System (IS 700): --
Epidemiology Investigation: --		Personal Preparedness: --
Incident Command System (IS 100): --		Shelter Operations: --



Your Training Summary, which shows any training that is recorded 1) automatically in TRAIN or 2) manually by the MRC Coordinator, will be in the section below:

Training Title	Source	Description	Start Date	End Date	Hours	Provider or District
VDH: Protecting Confidential Information at VDH (must complete within 30 days of hire date)	TRAINVA Course	Refer to TRAIN	06/12/2019	Not Available	Not Available	Michelle Johnson
Terrorism Security Awareness Orientation (must complete within 90 days of hire date)	TRAINVA Course	Refer to TRAIN	06/12/2019	Not Available	Not Available	Suzanne Silverstein
VDH: New Employee HR Basics (required for classified and wage employees who started after May 1, 2013   Must complete within 30 days of start date)	TRAINVA Course	Refer to TRAIN	06/11/2019	Not Available	Not Available	Michelle Johnson

*If you notice that a particular training is missing, contact the MRC Coordinator!*

- Now that you know your TRAIN user ID, you will need TRAIN-VA to send you a special link to allow you to log in for the first time, because you don't have a password. Even if your VVHS profile does not show a TRAIN User ID, you should still check to make sure you're not creating a duplicate account. In order to do this, you should go to <https://va.train.org/> and click the button that says "Can't Log In?" shown below.

Log In or Create Account →

**TRAIN** Virginia

VDH VIRGINIA DEPARTMENT OF HEALTH

HOME COURSE CATALOG CALENDAR RESOURCES HELP

How To Create An Account

VDH VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

TRAIN Virginia is a gateway into the [TRAIN Learning Network](#), the most comprehensive catalog of public health training opportunities. TRAIN is a free service for learners from the Public Health Foundation.

Through this site, you can:

- Quickly find and register for many courses listed on Train.org and participating TRAIN affiliate sites,
- Track your learning with personal online transcripts,
- Access valuable materials, course reviews, and discussions to improve your learning experience, and
- Stay informed of the latest public health trainings for your area or expertise.

If this is your first visit, click "Create an Account" on the left menu to register for

- Clicking "Can't Log In?" takes you to the following page, where you will need to enter the email address you used to register with the MRC so that TRAIN can send you the login link. If you are unable to remember or find the email address you used, contact the MRC Coordinator.

**Forgot Your Login Name / Password?**

Please enter the email address associated with your account and click Submit. We'll email you your login name and a link to a page where you can easily create a new password.

If you do not remember the email address associated with your account, [please contact technical assistance](#) to reset your password.

Please enter email

< Back Submit



## APPENDIX F — USING TRAIN-VA

As an MRC volunteer, there are several training requirements that you will need to complete, in order to be 1) **prepared** and resilient in the face of an emergency or disaster, 2) **knowledgeable** about your role as an MRC member and able to **integrate** effectively into a response, 3) able to **demonstrate** the core competencies for public health emergency and disaster response, and 4) equipped with the **role-specific knowledge and skills** needed to **perform** the tasks that may be assigned to you in a deployment.

Being able to locate, register for, complete, and track your training on TRAIN-VA is essential to your role in the MRC. When we are not responding or aiding in recovery, we need to be participating actively in training and exercises so that we know how to respond when disaster strikes.

The following guide will aid you in using train to complete and document both online and offline training in one central online account.

1. First, you will need to locate the Northwest MRC Volunteer Training Plan at [https://www.train.org/virginia/training\\_plan/3132](https://www.train.org/virginia/training_plan/3132). Click the blue button that says "Register," and be sure to bookmark this page.

### VDH: Northwest MRC Volunteer Training Plan

< Back
+ Register

ID 3132

The Northwest Medical Reserve Corps Volunteer Training Plan is the online component of the volunteer training plan for members of the Thomas Jefferson, Central Shenandoah, and Lord Fairfax Medical Reserve Corps Units.

The courses included are based on the Competencies for Disaster Medicine and Public Health which were adopted by the Medical Reserve Corps program at the national level in 2015. MRC volunteers who complete this training plan will be equipped with necessary knowledge, skills, and awareness to support their local health district in a public health emergency or disaster.

▼ [Show More](#)

Name	Completed Date	Score	Hours	Status
<b>Required Training for ALL Volunteers</b> <span style="background-color: #00a651; color: white; padding: 2px 5px; border-radius: 3px;">Courses marked with asterisk are required</span> ▲				
<b>MRC Orientation</b> <span style="background-color: #00a651; color: white; padding: 2px 5px; border-radius: 3px;">Courses marked with asterisk are required</span>				▲
<a href="#">VDH: TJHD MRC Orientation</a>				<span style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">Not Started</span>
<b>MRC Core Competency Training</b> <span style="background-color: #00a651; color: white; padding: 2px 5px; border-radius: 3px;">Courses marked with asterisk are required</span> ▲				



2. You will see that the same Core Competencies that were mentioned earlier in the handbook and referenced in the VVHS Training Tab are listed on this page. You should aim to complete these first, particularly IS-100, IS-700, one course from Disaster Behavioral Health, and one course from Emergency Preparedness for Individuals. In order to go to a course page, click on the title.

MRC Core Competency Training <span>Courses marked with asterisk are required</span>		
<a href="#">NIMS and ICS: A Primer for Volunteers</a>		Not Started
* <a href="#">The Evolution of Public Health Learning: Introducing t...</a>		Not Started
* <a href="#">VDH: Bloodborne Pathogens Update (OSHA) Training</a>		Not Started
* <a href="#">Mass Dispensing Overview: An SNS Perspective</a>	1h	Not Started
* <a href="#">Personal Protective Equipment (PPE)</a>		Not Started
<a href="#">VDH Measuring Blood Pressure in the 21st Century</a>		Not Started
* <a href="#">Introduction to Bioterrorism Agents</a>	0.35h	Not Started
REQUIRED FOR MRC DEPLOYMENT <span>ALL courses out of this section are required</span>		
IS - 100 <span>Only one course out of this section is required</span>		
<a href="#">IS-100.C: Introduction to the Incident Command Sys...</a>		Not Started
<a href="#">VDH: IS-100: Prior or Outside VDH Completion</a>		Not Started
IS - 700 <span>Only one course out of this section is required</span>		
<a href="#">IS-700.B: An Introduction to the National Incident Ma...</a>		Not Started
<a href="#">VDH: IS-700: Prior or Outside VDH Completion of NI...</a>		Not Started

Disaster Behavioral Health <span>Only one course out of this section is required</span>		
<a href="#">Skills for Psychological Recovery</a>		Not Started
<a href="#">Psychological First Aid (PFA) Online</a>		Not Started
<a href="#">Introduction to Mental Health Preparedness</a>	0.3h	Not Started
Emergency Preparedness for Individuals <span>Only one course out of this section is required</span>		
<a href="#">IS-909 - Community Preparedness: Implementing Si...</a>		Not Started
<a href="#">Disaster Plan and Kit Basics</a>		Not Started
<a href="#">Animal Emergency Preparedness(1025307)</a>		Not Started
<a href="#">Personal Emergency Preparedness: Planning for the...</a>		Not Started
Assisting Populations with Specific Needs <span>Courses marked with asterisk are required</span>		
* <a href="#">Cultural Sensitivity Considerations in Emergency Pr...</a>	2h	Not Started
* <a href="#">Caring for Older Adults in Disasters: A Curriculum f...</a>		Not Started
* <a href="#">VDH: Assisting Individuals with Access and Functio...</a>		Not Started
<a href="#">Disability and Disaster</a>		Not Started
<a href="#">A Shelter Story: Integrating Functional Needs Support...</a>		Not Started
* <a href="#">Safety and Respect for All: Providing a Supportive...</a>	1h	Not Started

3. The Shelter Support and Epidemiology competencies are critically important if you are interested in volunteering in some of the most likely public health emergencies. In order to complete the Epidemiology section and be eligible for the EPI Strike Team, you will need to complete all 5 courses. *Note: courses listed in this manual are subject to change due to expiration, and new courses may be added in the future.*

Shelter Operations <span>Courses marked with asterisk are required</span>		
* <a href="#">VDH: American Red Cross Shelter Fundamentals</a>		Not Started
* <a href="#">Medical Needs Sheltering</a>	2h	Not Started
* <a href="#">Medical Needs Shelter (MNS) Overview</a>		Not Started
<a href="#">Medical Needs Shelter (MNS) for the Primary Care Pr...</a>		Not Started
<a href="#">Medical Needs Shelter (MNS) Non-Medical Volunteer ...</a>		Not Started
* <a href="#">VDH: American Red Cross Serving People with Fun...</a>		Not Started
Northwest VA MRC Epi Strike Team Online Training <span>ALL courses out of this section are required</span>		
<a href="#">What is Epidemiology in Public Health?</a>		Not Started
<a href="#">Introduction to Public Health Surveillance</a>		Not Started
<a href="#">Basic Infectious Disease Concepts in Epidemiology</a>		Not Started
<a href="#">Laboratory Diagnosis: An Overview (FOCUS, Volume ...</a>	0.4h	Not Started
<a href="#">Risk and Crisis Communication (I is for Investigation, ...</a>	0.4h	Not Started

4. There is also a selection of Advanced Training and Electives. Completing IS-200 and IS-800 are required in order to advance from MRC Level 2 to Level 1. The electives are courses that are generally recommended, but not as high priority as the core competency-related trainings.

MRC Advanced Training <span>Courses marked with asterisk are required</span>		
<a href="#">Violence Prevention/De-Escalation of Emotionally Charg...</a>	1h	Not Started
IS 200 (Complete online or upload prior certificate) <span>Only one course out of this section is required</span>		
<a href="#">ICS-200: Basic NIMS ICS for Operational First Respon...</a>		Not Started
* <a href="#">IS-200.C: Basic Incident Command System for Initia...</a>	4h	Not Started
<a href="#">VDH: IS 200: Prior or Outside VDH Completion</a>		Not Started
IS 800 (complete online or upload prior certificate) <span>Only one course out of this section is required</span>		
* <a href="#">IS-800.C: National Response Framework, an Introd...</a>		Not Started
Elective Courses (for clinical volunteers) <span>Courses marked with asterisk are required</span>		
<a href="#">Workplace Violence Prevention for Nurses</a>		Not Started
<a href="#">Nurses on the Front Line: Preparing for and Responding to ...</a>		Not Started
Vaccinator Training Requirements 2018-19 <span>Courses marked with asterisk are required</span>		
<a href="#">VDH: Immunizations Updates for the EMS Community</a>	0.75h	Not Started
<a href="#">VDH: Influenza- MMWR: August 24, 2018</a>		Not Started
<a href="#">VDH - Immunization Techniques for Nurses</a>		Not Started



*Note: Vaccinator Training is required annually for any clinical volunteers who want to dispense vaccines during POD exercises or real events.*

Elective Courses (all volunteers) <span>Courses marked with asterisk are required</span>		
General Elective Courses <span>Courses marked with asterisk are required</span>		
<a href="#">VDH: Public Health Outreach Education for MRC</a>		Not Started
* <a href="#">ABC's of Pandemic Influenza</a>	0.3h	Not Started
<a href="#">VDH: Environmental Health Training for MRC (archived v...</a>		Not Started
* <a href="#">VDH: VDH's Role in Emergency Response</a>		Not Started
<a href="#">IS-907 - Active Shooter: What You Can Do</a>	1h	Not Started
<a href="#">Communicating Around Mass Trauma: Implications for P...</a>		Not Started
<a href="#">VDH: An Introduction to Nuclear and Radiological Events...</a>		Not Started

5. It's great to have all of these courses curated in one central location, but you may have already completed some of these courses outside of TRAIN-VA, such as ICS and/or NIMS. If you have certificates from previous training, you can upload a digital copy of your certificate using the following process.

First, search for the course with the course title (and the keywords "prior" + "outside")

Use this page to search for any course or document on the TRAIN Learning Network site. The results may be limited by any groups you have joined within TRAIN ([see your profile for details](#)).

VDH ICS 400     Sort by relevance ▾

Filters

Search By ▾

- [Courses](#)
- [Training Plans](#)
- [Non-TRAIN Events](#)
- [Resources](#)
- [Discussions](#)

1,686 record(s) found.

<a href="#">VDH: ICS 400 Advanced Incident Command Systems</a>	On-Site - Classroom course or workshop ▾
OEP	★★★★☆ (8 Ratings)
<a href="#">VDH: ICS-400: Prior or Outside VDH Completion of ICS-400 Advanced ICS</a>	Other ▾
OEP	★★★★☆ (7 Ratings)
<a href="#">VDH: "ICS in a Nutshell" (On-Demand)</a>	Web-based Training - Self-study ▾
OEP	★★★★☆ (1 Rating)
<a href="#">VDH: "ICS in a Nutshell"</a>	Webcast (live event) ▾
OEP	
<a href="#">VDH: "ICS in a Nutshell" (Overview)</a>	Webcast (live event) ▾
OEP	★★★★☆ (11 Ratings)
<a href="#">ICS-400 Precourse Review of ICS 100, 200 and 300</a>	

6. Then, click on the title of the corresponding course.

HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS

ADMIN HELP

## VDH: ICS-400: Prior or Outside VDH Completion of ICS-400 Advanced ICS

ID 1010122 Skill Level: Advanced

★★★★☆ (7 Ratings)

\*\*

Prior Completion of ICS 400  
Advanced ICS

THIS IS NOT A LIVE SESSION



7. You may need to actually request permission to be added to the course. It doesn't hurt to attach your certificate with the request.

provider. After completing this form, an email will be sent to the course provider. If you have chosen this option by mistake, click on "Cancel" button to return to previous page.

**To:** Email +

✕ [betsy.marchant@vdh.virginia.gov](mailto:betsy.marchant@vdh.virginia.gov)

**From:** christopher.rini@vdh.virginia.gov

**Subject:** TRAIN Virginia Order Information Request

**Body:**

Hello!

I would like to receive registration information for your course titled "VDH: ICS-400: Prior or Outside VDH Completion of ICS-400 Advanced ICS".

I have already completed the course and have attached my certificate.

Please forward the requested information to:

Christopher Rini

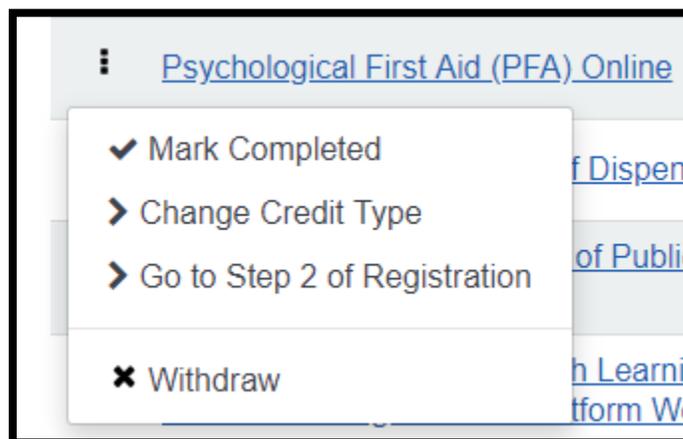
**Attachment:** Rini\_ICS\_400\_Cert.pdf 2.98 MB ✕

Drop file here or *click* to upload

File size should not exceed 10 Mb.

Cancel Submit

8. Once you have submitted the request, go back to your homepage and click on "Your Learning," then click the "Your Current Courses" tab. The course can be found by listing the courses in alphabetical order. Click on the three dots next to the course title and then click "Mark Completed." This moves the course to the "completed" status in your transcript.



*(I had to use a different course for this example. Pretend it's ICS 400.)*



9. Next, go to the “Your Transcript” tab. The course will be on your transcript.

TRAIN Virginia

VDH VIRGINIA DEPARTMENT OF HEALTH

HOME COURSE CATALOG **YOUR LEARNING** CALENDAR RESOURCES DISCUSSIONS

ADMIN HELP

This page contains relevant information about your coursework on the TRAIN Learning Network site. Check your current status within courses and training plans, print certificates, or access your transcript.

Your Current Courses Your Training Plans Your Certificates **Your Transcript**

Download transcript Add an external record Show withdrawn courses

Title	Status	Completed Date ^	Score	Credit Type	Format
<a href="#">IS-100 b - Introduction to Incident Command</a>	Completed	Dec 30, 2014		0.30 / CEU/CE	External Con...
<a href="#">IS-700 a: Introduction to the National</a>	Completed	Jan 5, 2015		0.30 / CEU/CE	External Con...
<a href="#">VDH: Basic Level Public Health</a>	Completed	Jan 9, 2015			Blended Lear...
<a href="#">VDH: VDH's Role in Emergency Response</a>	Completed	Jan 9, 2015	100%		SCORM Cou...
<a href="#">IS-200 b - ICS for Single Resources and</a>	Completed	Jan 9, 2015		0.30 / CEU/CE	External Con...
<a href="#">VDH: New Employee HR Basics (required)</a>	Completed	Jan 19, 2015			SCORM Cou...
<a href="#">VDH: Overview of the</a>	Completed	Jan 20, 2015			SCORM Cou...

10. Click “Completed Date” to bring the earliest date to the top. Then, click on the clock icon next to the title of the desired course. A window will pop up. Click the three dots on the left again, and then click “Upload External Certificate.” Once you’ve selected and uploaded your certificate, contact the MRC coordinator so that they can access the certificate and verify that you completed the training.

TRAIN Virginia

VDH VIRGINIA DEPARTMENT OF HEALTH

HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS

ADMIN HELP

Your Current Courses Your Training Plans Your Certificates Your Transcript

Download transcript Add an external record Show withdrawn courses

History: VDH: ICS-400: Prior or Outside VDH Completion of ICS-400 Advanced ICS

Registration Date	Completed Date	Score	Credit Type	Status
Jun 12, 2019	Jun 12, 2019			Completed: Not Verified

Title	Status	Completed Date	Score	Credit Type	Format
<a href="#">VDH: ICS-400: Prior or Outside VDH</a>	Completed: Not Verified	Jun 12, 2019			Physical Media
<a href="#">HHS/ASPR Access and Functional Needs</a>	Completed	May 3, 2019	100%		SCORM Cou...
<a href="#">VDH: TJHD Staff Day</a>	Completed	Apr 26, 2019			Live Event (I...
<a href="#">VDH: MRC State Meetings</a>	Completed	Apr 2, 2019			Live Event (I...
<a href="#">Virginia Public Health &amp; Healthcare</a>	Completed	Mar 20, 2019			Live Event (I...



11. Alternatively, you can follow these steps to upload miscellaneous certificates to TRAIN-VA. First, you have to create the course by going to “Your Transcript” and clicking “Add an external record.”

Cancel Save

→ Add external course (Fields marked below are required)

Title  
ICS - 400: Advanced ICS

About

Course url  
Course url

Course provider name  
Virginia Department of Emergency Management

Course format  
Live Event (In Person)

Credit type  
Contact Hours

Credit amount  
14

Course contact

12. The course then appears on your Transcript, under the title and date you gave it.

TRAIN Virginia VDH VIRGINIA DEPARTMENT OF HEALTH

HOME COURSE CATALOG **YOUR LEARNING** CALENDAR RESOURCES DISCUSSIONS

ADMIN HELP

⊙	<a href="#">the Context of Public</a>	Completed	Jan 19, 2017	0.92 / Certificate ...	External Con...
⊙	<a href="#">Outbreak Investigations</a>	Completed	Jan 19, 2017	0.92 / Certificate ...	External Con...
⊙	<a href="#">Interviewing Techniques (Medical</a>	Completed	Jan 17, 2017		External Con...
⊙	<a href="#">Introduction to Epidemiology (Medica</a>	Completed	Jan 17, 2017		External Con...
⊙	<a href="#">VDH - Prepare De-Escalation Training</a>	Completed	Nov 15, 2016		Live Event (I...
⊙	<a href="#">VDH MRC - Emergency Volunteer</a>	Completed	Sep 28, 2016		External Con...
⊙	<a href="#">VDH: Exercise/Event Participation 2016-</a>	Completed	Sep 20, 2016		Exercise
⊙(3)	<a href="#">VDH: Protecting Confidential</a>	Completed	Aug 18, 2016		SCORM Cou...
⊙	<a href="#">ICS - 400: Advanced ICS</a>	Completed: Not Verified	Aug 11, 2016	100% 14 / Contact Hours	User Added
⊙	<a href="#">VDH: VHASS Event Notification and</a>	Completed	Jul 22, 2016		Live Event (I...
⊙	<a href="#">VDH: Mosquito Surveillance</a>	Completed	Jul 7, 2016		Live Event (I...
⊙	<a href="#">VDH: Exercise/Event</a>	Completed	Jul 6, 2016		Exercise



13. Next, click on the three dots to upload your certificate.

Course Title	Status	Completed Date	Score
VDH: Exercise/Event Participation 2016-	Completed	Sep 20, 2016	
VDH: Protecting Confidential	Completed	Aug 18, 2016	
ICS - 400: Advanced ICS	Completed: Not Verified	Aug 11, 2016	100%
VDH: Mosquito Surveillance	Completed	Jul 22, 2016	
VDH: Exercise/Event	Completed	Jul 7, 2016	
VDH: Exercise/Event	Completed	Jul 6, 2016	

Close Save

→ Add External Certificate (Fields marked below are required)

**Title**

Drop your file here or click to upload

14. Once you're done, click save. Congratulations! You added a certificate to your transcript.

Cancel Save

→ Add External Certificate (Fields marked below are required)

**Title**

100%

 size: 2.98 MB type: application/pdf Upload New File

Rini\_ICs\_400\_Cert.pdf

15. Now you can access your certificate under "Your Certificates" any time you need to.

**TRAIN Virginia** VDH VIRGINIA DEPARTMENT OF HEALTH

HOME COURSE CATALOG **YOUR LEARNING** CALENDAR RESOURCES DISCUSSIONS

ADMIN HELP

This page contains relevant information about your coursework on the TRAIN Learning Network site. Check your current status within courses and training plans, print certificates, or access your transcript.

Your Current Courses Your Training Plans **Your Certificates** Your Transcript

Name ^	Completed Date	Score
Commonwealth of Virginia Terrorism Awareness Training (Preferred Course-...	Jan 28, 2015	100%
ICS - 400: Advanced ICS	Aug 11, 2016	100%
Interviewing Techniques (Medical Reserve Corps Training, Module 3)	Jan 19, 2017	
Introduction to Epidemiology (Medical Reserve Corps Training, Module 1)	Jan 17, 2017	
ICS 400 - Introduction to Incident Command System	Dec 20, 2014	

## APPENDIX G – VOLUNTEER GROUP AND ROLE DESCRIPTIONS

In the **Virginia Volunteer Health System**, MRC volunteers are assigned to at least one group+role combination in order to receive alerts. When the MRC Coordinator sends an alert, at least one group must be selected to receive the alert. The MRC Coordinator can send an alert to all members of that group by selecting the group + “all” roles, or send the alert to only one role (such as registered nurses) within the group by selecting the group + the specified role.

Members of the Northwest Medical Reserve Corps may fill a variety of volunteer roles, based on their professional background, education, experience, training, aptitudes, and skills. This list is not meant to be exhaustive, but it provides examples of ways that volunteers can fill both routine and emergency roles to strengthen public health emergency preparedness and response in their communities. If you have a suggestion for a new volunteer role, send it to [northwest@vamrc.org](mailto:northwest@vamrc.org)!

### VVHS VOLUNTEER ALERTING CATEGORIES (GROUPS)

**Emergency Only** – Volunteers who do not wish to receive routine communications or volunteer request alerts may opt out of the General Support group and be placed in this group, which will only receive alerts for quarterly or monthly alerting drills (which are required to test that we have accurate contact information and that volunteers know how to respond) and for real emergencies. Emergency alerts will come labeled with Emergency: in the beginning of the subject line.

**General Support** – This is the largest and broadest group in the Virginia Volunteer Health System. This group receives most of the alerts regarding training, exercises, routine activities, and emergency responses. This is the default group assigned to NWMRC volunteers when the MRC Coordinator approves their profile on VVHS. Volunteers who do not wish to receive alerts about routine events or training may opt out of this group to join the “Emergency Only” alerting group.

**MRC Volunteer Leadership Team** – These volunteers have completed the required training and documentation to advance to at least MRC Level 2, and are assigned to a team of MRC volunteers of the same rank for their district. Leadership teams may meet independently to discuss local events, opportunities, and concerns, which they document and report upwards to the MRC coordinator.

**MRC Volunteer Role-Players for Exercises** – These volunteers will receive alerts about exercises that need volunteers to simulate patients to test surge capacity.

**NWMRC Community Outreach Alert Group** – Volunteers interested in helping with community outreach will be assigned to this group and will receive alerts about outreach activities. This also means that volunteers who do not respond to these types of events will no longer receive alerts about community outreach.

**NWMRC Community Outreach Strike Team** – Volunteers who have completed specific training on health communication and risk communication and are assigned to a team on which the local health district depends for Community Outreach support.

**Training and Exercise Alerts Group** – This group will receive all alerts regarding training and exercises, as well as alerting drills and real emergencies, but will not receive alerts regarding MRC activations for routine volunteer work, such as supporting health department events, community outreach, MRC program support, or other requests for volunteer support.



## ROUTINE VOLUNTEER ROLES

During routine MRC operations, we need volunteers to help us accomplish the goals of growing and sustaining an engaged and prepared corps of community volunteers. This means we need volunteers who can help us recruit, train, and engage other volunteers, as well as assist the MRC coordinator in performing the administrative tasks necessary for sustaining the unit.

**Administrative Support** – this volunteer assists the MRC coordinator with the maintenance of volunteer files and other MRC unit documentation, including activity reporting.

**Assistant Epidemiology Investigator** – a volunteer that is knowledgeable and trained in epidemiological investigation, communicable disease etiology, epi surveillance, and interviewing techniques. May be tasked with conducting interviews or managing surveillance data in coordination with the district epidemiologist and/or epidemiology team. This role enables volunteers to integrate into the routine epidemiology functions of the health district, making them better able to support emergency response efforts in the event of an outbreak.

**Blood Pressure Screener** – may be a medical or trained non-medical volunteer who is specifically tasked to support BP checks under the local health district Blood Pressure SOP.

**CPR and/or First Aid Volunteer Instructor** – this volunteer is certified with AHA, Red Cross, or ASHI to teach BLS CPR and/or First Aid. Volunteer instructors may count instruction towards their volunteer time if they do not charge an instructor fee. Volunteer instructors help increase the number of community members with the knowledge and skills to perform CPR and first aid.

**General Support Volunteer** – this is the most commonly assigned role for volunteers who have not yet been assigned a specific routine task or functional role. General support volunteers are those who are willing to undertake simple, non-medical roles under the direction of the MRC coordinator or health department staff member to support a public health activity.

**MRC Advisory Committee member** – represents a community partner agency or has a particular subject matter expertise relevant to EP&R.

**MRC Documentation Specialist** – attends meetings with the MRC coordinator, takes notes/minutes, collects sign-in sheets at all MRC events, takes photos at MRC activities, and develops monthly briefings of MRC activity to be shared by the MRC Coordinator. This role requires attention to detail, timeliness, and organizational and writing skills. MRC Level 2 required.

**MRC Public Awareness Support Specialist** – ensures the MRC Coordinator is able to maintain awareness of upcoming events of local and regional interest, particularly those relevant to the MRC program. Advises the MRC Coordinator on opportunities to improve public awareness of the NWMRC via targeted outreach, flyering, community canvassing, or participation in events.

**MRC Team and Role Development Support Specialist** – this volunteer is knowledgeable of public health EP&R and disaster response, and may assist the MRC Coordinator in the process of developing and refining volunteer roles and their associated Job Action Sheets (JAS). MRC Level 2 required.

**MRC Vaccinator** – may be certified to administer seasonal flu vaccine, MMR vaccine, Hep A vaccine, or Tdap Vaccine. Volunteers in this role may be activated and trained to administer



other types of vaccines in the event of a public health emergency such as a bioterrorism incident or a pandemic. Must complete online vaccinator training and an in-person skills check annually.

**Outreach Kit Assembly** – volunteers who help assemble different kinds of outreach kits, such as for the removal and identification of ticks, or for seasonal flu prevention.

**Public Health Community Outreach** – supports public health outreach, including, but not limited to health education, promotion of programs and services, promotion of the MRC, and assisting health district staff at community events. Training for this role emphasizes health communication, public relations, social marketing, and risk communication principles.

**REVIVE! (Opioid Overdose Response & Naloxone Administration) Trainer** – delivers training to community members to recognize an opioid overdose and administer naloxone to temporarily restore breathing prior to arranging transport to the hospital for advanced care.

**Volunteer Health Professional (multiple roles)** – these roles include Physician, Pharmacist, Registered Nurse, Physician Assistant, Nurse Practitioner, Dentist, Veterinarian, Licensed Professional Counselor, Licensed Clinical Social Worker, Psychiatrist, Psychologist, EMS professional, Respiratory Therapist, and numerous other licensed clinical and public health roles. These are default roles assigned to volunteers with a specific type of healthcare professional license or other credential.

**Volunteer Recruitment Leader** – can deliver an MRC orientation presentation, recruit, and onboard new volunteers, including processing background check forms. MRC Level 2 required.

**Volunteer Stop the Bleed Instructor** – this volunteer is approved as an instructor with the American College of Surgeons to teach Stop the Bleed. This usually requires the volunteer to have some form of medical training and licensure through the DHP or an EMS agency. Since EMS licensed volunteers cannot practice under VDH (only under their OMD), this is an ideal role for them because it put their knowledge to use without going outside of their scope of practice.

**Volunteer Subject Matter Expert** – this volunteer may be recruited specifically because they are an expert in a particular field, or on a particular subject related to public health emergency response or disaster response. Examples of areas of subject matter expertise include, but are not limited to: emergency medicine, emergency nursing, triage, trauma surgery, decontamination, bioterrorism, chemical hazards/threats, vaccines and immunization, epidemiology, human services, disability services/advocacy, cultural competency/humility, behavioral health, disaster mental health, animal emergency preparedness, meteorology, environmental science, food safety, emergency preparedness, risk communication, law and public policy, grant writing, finance, web design and development, social media management, marketing, communications (such as radio), teaching, safety, civil engineering, or other topics.

**Website Design & Content Support Specialist** – assists with the design and layout of content posted to the NWMRC website, and helps troubleshoot issues related to linked content, uploads, downloads, and interactive features such as the calendar. Advises the MRC Coordinator of how to ensure web page visibility and search engine optimization.



## EMERGENCY/INCIDENT RESPONSE VOLUNTEER GROUPS

**Mass Dispensing Team** – This task force consists of volunteers trained in mass dispensing operations that fill numerous medical and non-medical roles to support Points of Dispensing, including, but not limited to: general support, greeter, vaccinator, registration, forms review, floater, flow monitor, safety officer, interpreter, logistics/supply unit, survey administration and collection, time card collection, data entry, behavioral health (responder stress management), pediatric patient support, and other roles

**Shelter Operations Team** – This task force consists of two functional groups: shelter non-medical support (jobs not requiring a DHP license), and shelter medical support (primarily registered nurses). MRC shelter non-medical support volunteers can play a critical role in maintaining the health and safety of shelter residents, and requires volunteers to have a broad and thorough knowledge of emergency and disaster preparedness, shelter operations, safety considerations, disaster behavioral health, access and functional needs (including but not limited to the needs of persons with disabilities), and cultural competency (awareness of and respect for the racial, ethnic, religious, and cultural makeup of a community, and commitment to treating all persons with dignity and respect). MRC shelter medical support volunteers are trained to follow specific medical care protocols that are dictated by VDH Central Office.

**Medical Support Operations Team (MSOT)** – the NWMRC is designed to support existing healthcare and emergency medical systems during disasters or public health emergencies. The NWMRC may be called upon to staff and operate an Alternate Care Site (ACS) in the event that a hospital is disabled or overwhelmed. Providing Medical Standbys in the form of Medical Aid Stations (MAS) at community events allows the NWMRC to practice the Incident Command System (ICS) and the roles and responsibilities required for ACS operations in a less-austere, more controlled environment. Staff for non-emergency, Medical Aid Stations will be less than required for ACS operations. A complement of physicians, nurses, respiratory therapists, non licensed patient care providers (nursing assistants, EMS providers, etc), clerical healthcare personnel, maintenance technicians, and civilian volunteers may be required to operate the Medical stations. Precise numbers and disciplines will be dependent on the type of event and the potential for illness/injuries.

**Epidemiological Investigation Strike Team (EPIST)** – this team is activated in the event of a communicable disease emergency, particularly those that are time-sensitive, to assist the Local Health District epidemiology team by interviewing persons thought to have been exposed during a patient’s infectious period. Typical credentials for this team include MPH, RN, infection control specialist, or MD, however, no specific credential is required for a person to learn the skills needed to join the team. All that is needed is an aptitude for interviewing people, usually over the phone, using a questionnaire to gather the needed information.

**Disaster Behavioral Health Team (DBHT)** – this is a multidisciplinary team of medical and non-medical volunteers from a variety of backgrounds, including professionally licensed and non-licensed mental health providers. The goal of this team will be to develop a cadre of volunteers who can respond to the most traumatic and stressful incidents and emergencies to which the Northwest MRC is called to support. Volunteers will complete training including, but not limited to:

- Introduction to Mental Health Preparedness (Online), Introduction to Disaster Behavioral Health (live in-person and online), Introduction to Psychological First Aid for MRC with Workshop (live in-person and online), and PFA Online. Supplemental reading materials and other resources will be provided to interested volunteers.
- Stress First Aid (SFA) training is recommended for responder rehab missions.
- Skills for Psychological Recovery (SPR) training is recommended for medium- to long-term recovery activities.



**Disaster Vulnerabilities Assessment Survey Team (DVASt)** – This team utilizes the CASPER methodology when/as directed by VDH local health districts to assess disaster areas for resource needs such as water, electricity, heat, etc, and to identify persons in vulnerable populations requiring special assistance.

**Regional Hospital Coordination Center (RHCC) Support Team** – this team is comprised of volunteers trained on ICS and NIMS, as well as on the use of the VHASS website, to monitor incidents in progress in order to assist the Northwest Regional Healthcare Coalition (NWRHCC) during times when the RHCC is activated for an extended period of time. Tasks are generally administrative and require an ability to maintain awareness, and to communicate readily, clearly, and succinctly to relay information when requested, or when new information becomes available.

## EMERGENCY/INCIDENT RESPONSE VOLUNTEER ROLES

**Behavioral Health: Acupuncturist** – provides stress relief/pain relief using acupuncture or acu-detox. May be used for responder rehab or disaster behavioral health support, or other response and recovery scenarios.

**Behavioral Health: Counselor (LPC, LCSW, or resident in supervision)** – in some traumatic incidents, counselors may be needed to support community recovery. Note, this is a long-term role, and should not be confused with Psychological First Aid Support, which is more of an immediate incident response role. Behavioral Health Counselors may fill the role of Psychological First Aid support if they undergo the required disaster behavioral health training.

**Behavioral Health: Clergy/Faith Leader** – volunteers ordained to provide religious/pastoral/spiritual support in times of community trauma, stress, loss, or other hardship. Volunteers must provide credentials along CV to be assigned this role.

**Behavioral Health: Massage Therapist** – Massage therapists are licensed professionals who can provide therapeutic services to responders during a prolonged, physically demanding and stressful response or recovery operation, such as a wildfire response or tornado debris removal. They can also provide team support (responder rehab) to fellow MRC members.

**Behavioral Health: Psychological First Aid (PFA) Support** – Volunteers who have completed PFA training can volunteer to be deployed to a safe and controlled area in the immediate vicinity and in the hours and days following a traumatic incident affecting the community or another group in the community, such as a mass shooting or a train derailment. These volunteers may be deployed with any capability-based response team to provide assistance with behavioral health needs.

- Required Training: formal training or informal training with practical application of skills and PFA core actions may serve in this role.
- Recommended Credentials: Licensed Professional Counselor, Clinical Psychologist, or Licensed Clinical Social Worker, or Resident in Counseling/Social Work. Specific focus in trauma therapy is helpful, but not necessary.

**Behavioral Health: Psychologist or Psychiatrist** – Volunteers with a doctorate in the mental health field may be best used in developing and guiding disaster behavioral health response capabilities. Volunteers with relevant professional background can offer expertise on team development or provide instruction on subjects where they have particular expertise. Interested psychologists and psychiatrists should undertake training in PFA if disaster behavioral health is not their primary area of focus.



**Call Center Operator** – this volunteer helps receive and route incoming calls as needed from the public or from individuals requiring epi investigation follow-up, or to place calls to a list of individuals in a public health incident or disaster. Volunteers who have experience with office management and operation of multiple phone lines are well suited for this role.

**Dental Assistant or Dental Hygienist** - Dental assistant or hygienist's primary focus is serving in to assist dentists and oral surgeons to manage acute dental problems and assist with exams and procedures.

**Dentist** – The dentist diagnoses, prevents, and treats diseases; injuries; and malformations of the teeth, gums, and related oral structures. Dentists fill cavities, straighten teeth, and repair fractured teeth. They also extract and replace missing teeth; treat dental tissue-disease affecting vitality of teeth; and provide instruction on diet as related to dental health.

**Dialysis Technician** – The dialysis technician's primary focus is serving in an assistive role to physicians and registered nurses in multiple roles, which include dialyzer setup and reuse, equipment maintenance and repair, water treatment monitoring, and direct patient care.

**Dietician or Nutritionist** – Dietician or nutritionist's primary role is to plan and conduct food service or nutritional programs to assist in the promotion of health and control of disease. may supervise activities of a department providing quantity food services or counsel individuals and families.

**Emergency Medical Technician** – An EMT or Paramedic may not operate outside of the scope of BLS and First Aid when working under the direction of the MRC unit (see specific SOPs for protocols), because they need to be operating under the direction of their EMS unit's Operational Medical Director. However, an EMT or Paramedic who volunteers with the MRC may serve as a Stop the Bleed instructor, CPR/First Aid Instructor, and in other roles where they can share their knowledge of Emergency Medicine.

**Environmental Health Generalist** – The environmental health generalist measures the threats or risks to air, food, water, management of waste, vector-borne diseases, toxic substances, and radiation, and recommends or takes action to respond and mitigate the threat.

- Volunteers can be trained to provide support in this role for shelter operations.

**Environmental Health Specialist** – The environmental health specialist is to provide professional guidance on specific areas such as environmental epidemiology, toxicology, exposure assessment/risk analysis, radiation training and response, as needed for the incident.

- These volunteers are usually former VDH staff or others with direct and applicable EHS experience.

**Environmental Health Team Leader** – Manages and provides professional guidance for team of individuals conducting environmental health duties during a disaster. Interfaces with environmental agencies, other public health disciplines and laboratories.

- If this role is filled by a volunteer, they must have recent and applicable experience as a environmental health supervisor or manager, in addition to being MRC Level 1.

**Epi Strike Team: Epidemiologist** – An epidemiologist compiles, analyzes, and interprets epidemiologic information during an incident. An epidemiologist interfaces with environmental agencies, other public health disciplines, and laboratories.



- Credentials: formal education and or training in epidemiology. Experience as a professional epidemiologist preferred.
- Training: Must be trained and evaluated by the district epidemiologist to support investigation response.

**Epi Strike Team: Epidemiology Interviewer** – As in routine operations, these trained volunteers may be called upon to assist the health district with urgent or emergency investigations of communicable diseases. Observance of strict HIPAA and Confidentiality laws and policies is required at all times, and especially during emergencies.

- Credentials: some educational or professional background relevant to nursing, epidemiology, public health, and/or communicable disease prevention and investigation
- Training: Must be trained by the district epidemiologist to support investigation response. Online training is available on TRAIN-VA to supplement classroom training.

**FANS & Disability Support Specialist** – supports emergency and non-emergency activations by assisting persons with mobility or other functional/access needs, identifying barriers to accessing services, and ensuring that the CMIST (Communication, Maintaining Health, Independence, Services and Support, Transportation) framework is observed for Shelter Operations, Mass Dispensing, and other human service and public health emergency response operations. Volunteers must complete training on Access and Functional Needs (AFN or FANS for “functional and access needs support”) and the legal protections provided by the Americans with Disabilities Act (ADA)

- Credentials: Experience with patient care preferred. [ADAC](#) Preferred.
- Training (if no ADAC Certification): HHS/ASPR Access and Functional Needs Web-Based Training (TRAIN Course ID [1083869](#))

**General Support: Community Outreach Worker** – Non-medical role for a volunteer trained or in training to conduct public health community outreach.

**General Support: Corpsman** – Medically trained volunteer without a civilian licensure who may support low risk activities including BP, First Aid, vaccination screening, and other activities. In general, a corpsman is a non-clinical volunteer who has completed all required ICS and NIMS training as well as medical and behavioral health preparedness training.

**General Support: Medical Volunteer** – Volunteer with some form of medical licensure and BLS/ALS certification who could be activated in an emergency to support an Alternate Care Site or other form of medical care station. This is a default role assigned to volunteers before a more specific job role can be assigned. General Support volunteers fill the roles that have not yet been well defined, because every event is different in some way, and planning must be flexible and adaptable to different circumstances.

**General Support: Non-medical volunteer** – Volunteer without any medical training or licensure who can provide general assistance by completing tasks to be determined by their assignment in the ICS structure and the Just-in-Time Training they receive. No volunteer will/should be asked to perform a task for which they have not received adequate training. If sufficient training is not provided, the volunteer has the right to refuse the assignment.

**General Support: Language Interpreter** – assists with communication with specific populations in an emergency or disaster in which professional (contract) language interpretation and translation services are not available, due to technological failures or strain on available resources.



**Mass Dispensing: Clerical Supervisor** – oversees all administrative functions including: staffing assignments (in coordination with other managers), forms distribution and collection, data entry, personnel tracking, and financial aspects of the dispensing site.

- Reports to: POD Site Director.
- Credentials Required: Clerical Experience.
- Training Required: MRC level 1 or 2

**Mass Dispensing: Clinical Supervisor** – oversees all medical functions in the dispensing/vaccination area, staffing assignments (in coordination with other managers), dispensing medications or vaccinating clients, inventory of medications or vaccinations, and any other duties as determined by the POD Manager.

- Credentials Required: Medical License (RN or higher)
- Training Required: MRC Level 1 or 2
- Additional requirements may be specified by the Local Health District

**Mass Dispensing: Consultant** – oversees the proper dispensing station set-up and implementation of protocols to dispense pharmaceuticals to patients at the points of dispensing (POD).

**Mass Dispensing: Data Entry** – enters registration and dispensing/vaccination information from Patient Information Forms into the dispensing site database. This may be done offsite at a central location.

- Reports to: Clerical Supervisor
- Credentials Required: Computer skills.
- Training Required: MRC Orientation. May also need training on specific databases like Webvision.

**Mass Dispensing: Dispenser** – distributes oral pharmaceuticals such as antibiotics or antivirals to patients at the points of dispensing (pod)

**Mass Dispensing: Forms Review** – ensures patients at the POD have completed every section of the registration and screening form correctly.

**Mass Dispensing: Greeter** – works at the entry and exit points of a POD or other public-facing event to greet and direct persons as they enter the area to receive a service. May also be called upon to assist with traffic direction or sick/well triage.

**Mass Dispensing: Medical Screening and Consultation** – assists patients with questions regarding whether or not a vaccine/medication would be appropriate for the patient based on their answers on the screening form and any relevant previous medical history.

**Mass Dispensing: Operations Team Consultant** – oversees the POD functions pertaining to dispensing medication, such as screening, dispensing, evaluation, pharmacy, and/or mental health.

**Mass Dispensing: Patient Intake or Line Flow Consultant** – manages the flow going through all stations in the POD and provides customer service to recipients waiting in line in order to maintain calm. Ensures that families are kept together and that assistance and accommodations are provided to those who require them (patients with wheelchairs, service animals, non-english speakers, etc.)

**Mass Dispensing: POD Site Director** – functions as the senior staff member at a POD and serves as a consultant to advise the jurisdictional authority about dispensing sites.

- Reports to: District Health Director or Incident Commander



- Credentials: POD/SNS Training (Preferably VDH: POD Essentials), MRC Level 1

**Mass Dispensing: Post-Vaccination Education** - ensures that each patient has the necessary forms to take home. Collects Patient Information forms if not already collected. Within the scope of training, answers patient questions or refers patient to qualified personnel.

- Reports to: Clerical Supervisor

**Mass Dispensing: Registration** – instructs patients on how to fill out the POD registration form and provides them with a pen, form, and clipboard with highlighted sections.

**Mass Dispensing: Vaccinator (Competency Met)** – oversees all functions in the dispensing/vaccination area. Assists with dispensing/vaccination as duties and patient flow allows. Communicates inventory level of medication/vaccine to appropriate staff member. MRC Vaccinators may undergo training to dispense seasonal flu, Tdap, MMR, Hep A, or other vaccine at the discretion of VDH and the local health district.

- Reports to: Clinical Supervisor
- Training Required: MRC Orientation, MRC vaccinator training series, in-person vaccinator skills assessment with a public health nurse.

**Medical Support Operations: Medical Team Leader** – coordinates all Medical Support Operations Team (MSOT) activities to ensure safe treatment of all patients and the safety of the medical team. Assists in the identification and allocation of resources to support medical missions, facilitates the communication of information within the medical team, and coordinates medical team activities under the incident command structure. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.

**Medical Support Operations: Liaison/Communications Specialist** – ensures appropriate contact with outside agencies (event organizers, EMS, etc); manages all external communication from NWMRC medical station to outside agencies. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.

**Medical Support Operations: Triage & Treatment Operations Officer** – organizes, assigns and supervises patient registration/tracking, treatment and transportation areas. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.

**Medical Support Operations: Staffing & Supply Officer** – organizes and directs operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident objectives. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.

**Medical Support Operations: Documentation & Patient Tracking Officer** – maintains the location of patients at all times within the NWMRC Medical Aid Station. Advises visitors and families regarding location of patients. Collects information necessary to complete reports. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.

**Medical Support Operations: Patient Flow Coordinator** – supports the Documentation & Patient Tracking Officer in maintaining the location of patients at all times within the NWMRC Medical Aid Station. Provide information to visitors and families regarding location of patients. Collects information necessary to complete reports. More details and a Job Action Sheet can be found in the Northwest MRC Medical Support Operations SOP 2019.



**Medical Support Operations: Treatment Area Staff** – is a medical or non-medical volunteer who has BLS and First Aid certification, and has completed training for the Medical Support Operations Team SOP. Responsible for the direct care of patients, including assessment, planning and evaluation of response to medical interventions. Treatment Area Staff will be assigned according to the following schema based on their credentials:

- **Physicians:** Must be licensed in Virginia or other pre-approved state. Responsible for directing the medical care provided in the First Aid Unit; this includes the medical evaluation, diagnosis, treatment, and disposition of the patient. All physicians should possess training, experience, and competence in acute care settings sufficient to evaluate and initially manage and treat the patients who seek care at a first aid station.
- **Physician Assistants (PA)/Nurse Practitioners (NP):** Must be licensed in Virginia or other pre-approved state. Responsible for directing the medical care provided in the First Aid Unit, including assessment, planning and evaluation of response to medical interventions. Experienced providers with these advanced practice credentials may function as physician extenders as allowed by Virginia rules, regulations and scope of practice.
- **Nurses and Paramedics:** Must be licensed in Virginia or other pre-approved state. Responsible for the direct care of patients, including assessment, planning and evaluation of response to medical interventions. Retired/Inactive RNs may be used as unlicensed assistants.
- **Emergency Medical Technicians (EMT) and Nursing Assistants:** Responsible for providing assistance to the nursing/paramedic staff in the care and treatment of patients.
- **Certified First Aid Trained/First Aid Instructors:** Responsible for providing assistance to the nursing/paramedic staff in the care and treatment of patients.

**Medical Records or Health Information Technician** – provides support by ensuring the quality, accuracy and security of patient care documentation in the event of an emergency or disaster response.

**Midwife** – provides support for shelter operations or other incident responses, especially in scenarios where transportation and regional hospital coordination infrastructure is compromised.

**Patient Advocate** – ensures that patients are not forgotten about in the midst of surge chaos. To be the eyes and ears for the patient and assist with their needs such as calling a family member, bringing ice chips, locating clothing, and reporting to the charge nurse any urgent medical or other issues.

**Patient Care Assistant or Technician** – assists in direct patient care, planning and assessments including documentation of vital signs, height, weight, input and output, collection of specimens, report and record patient conditions and treatments, and assists with patient mobility, positioning and transfers under the supervision of the nursing staff.

**Respiratory Therapist** – initiates and performs complex respiratory care treatments, services, and monitoring of patients and equipment. The respiratory therapist possesses the education and experience in areas of patient care commensurate with the patient care mission.



**Shelter Operations: Administrative Assistant** – performs administrative duties as assigned and provides general support services for and with Shelter Operations staff. Initiates and maintains log of events and key actions, manages staff check-in and disseminate job action sheets, and maintains a safe, secure location to store all documentation that is collected.

**Shelter Operations: Behavioral Health Provider** – in an emergency shelter, Behavioral Health team volunteers provide psychological first aid, as well as mental/behavioral health services, e.g., crisis, bereavement and traumatic grief counseling services, emergency screening, and referral, to shelter residents, as needed. Behavioral health volunteers make rounds in shelter habitation/dormitory area watching for signs of agitation, depression, or confusion, and resolve potential problems, assist the staff in promoting diversions and activities, conversation, time orientation, work with the residents who are experiencing mental health problems and guide the staff on how to be most therapeutic in the situation, and report current problems and potential problems that may need additional intervention to the Nurse Manager.

- Qualifications: Credentials vary widely in the behavioral/mental health profession, and depending on their license, volunteers may provide various functions. Volunteers whose license belongs in the category of “Licensed Mental Health Professional” may provide behavioral health counseling.
- According to the Virginia Department of Health Professions, a Licensed Mental Health Professional (LMHP) is identified as “a Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), Licensed Substance Abuse Treatment Practitioner (LSATP), Licensed Clinical Social Worker (LCSW), Licensed Clinical Psychologist (LCP), Physician, Certified Psychiatric Clinical Nurse Specialist (PMHNP), Licensed Psychiatric/Mental health Nurse Practitioner, Board Certified Behavioral Analyst (BCBA). Virginia Residents in Counseling, Residents in Psychology, or Supervisees in Social Work may also provide behavioral health counseling.”
- Qualified Mental Health Providers (adult or child) may provide behavioral health services under the indirect supervision of a LMHP counselor.

**Shelter Operations: Caregiver** – caregivers and other supplemental non-allied health professionals, including family members or significant others working under the direction of the nursing staff, assist the Nursing Staff in caring for shelter residents. Caregivers assist shelter residents with mobility impairments in ambulation and transfer, assist the nursing staff as requested, and assist residents in ambulating, toileting, transfers and personal hygiene as needed.

- Qualifications: Certified nursing Assistant or anyone with experience as a Caregiver (nurse aid, home health aid, nursing students, etc.).

**Shelter Operations: General Support Volunteer** – may provide support in a number of positions for Shelter Operations. More details can be found in the Shelter Support Annex of the Central Shenandoah, Lord Fairfax, or Thomas Jefferson Health District Emergency Operations Plans.

- Required Training: VDH: Shelter Fundamentals

**Shelter Operations: Medical Screener** - evaluates clients to determine acute and chronic medical needs. Major areas of responsibility include interviewing clients in conjunction with DSS staff and completing the appropriate forms.

- Qualifications: Must have a current license as a Registered Nurse or Nurse Practitioner.
- Required Training: VDH: Shelter Fundamentals, VDH: Shelter Training For Nurses



**Shelter Operations: Nursing Staff** – delivers appropriate health/medical services within the medical needs wing of a local or regional emergency shelter under the direction of the Nurse Manager. Supervises and assists in the administration of medications to the residents, delivers care and assistance to residents as required following approved protocols, procedures, and recommendations, assesses the physical condition of the residents on an on-going basis, maintains the resident's medical update form and advises the Nurse Manager of any adverse change in the condition, and refers persons who need immediate medical attention beyond the scope of VDH shelter nursing protocols to EMS for transport to an appropriate hospital facility.

- Qualifications: Current, active Licensed Registered Nurse or Licensed Practical Nurse, current BLS certification from American Heart Association, ASHI, or other internationally accredited BLS CPR organization.
- Required Training: VDH: Shelter Fundamentals, VDH: Shelter Training for Nurses

**Shelter Operations: Nursing Team Leader** – provides oversight for all nursing services, ensuring nursing staff and volunteers perform only those activities permitted under VDH protocols, and that all nursing staff and volunteers limit their practice to the scope of shelter protocols as well as the nurses' own level of training and scope of practice. Oversees activation of the health/medical operation of the SMNS, including first aid/treatment areas, supervises the health care delivery services of the nursing staff, continues to assess the needs of the clients, confers with Medical director, and refers clients out to hospitals or skilled nursing facilities as needed.

- Qualifications: Must have a current, active license as a Registered Nurse, BLS CPR certification, MRC Level 1. Advanced training, education, and/or experience in clinical nursing leadership, management, and supervision preferred.
- Required Training: VDH: Shelter Fundamentals, VDH: Shelter Training For Nurses

**Shelter Operations: Pharmacy Services Group Leader** - arranges for and administers pharmacy services to the Special Medical Needs Shelter. The major responsibilities of this position are to identify prescription refill needs of shelter clients, work with local pharmacy chains to fill prescriptions, and work with medical director to assist clients with lost prescriptions. Verifies appropriate secured space for supplies, as needed, including items requiring refrigeration

- Qualifications: Must be a licensed pharmacist. MRC Level 2.

**Shelter Operations: Registration Assistant** – oversees the registration and tracking of shelter clients and visitors. Job duties include registration of clients, providing brief orientation to residents, keep registration records organized and maintain count of all persons, safeguarding privacy of client records, and packing up all records for removal and storage upon closure of the shelter.

**Shelter Operations: Respiratory Therapist** – provides respiratory therapy services to residents requiring breathing/oxygen supply assistance, and requests oxygen supplies and/or refill capability through EMS support or Nurse Manager to Incident Command, as needed.

- Qualifications: Must have a current license as a Respiratory Therapist.

**Shelter Operations: Medical Needs Services Branch Director** – directs administration, coordination and delivery of health/medical services in the SMNS. Responsibilities include providing direction to SMN Shelter staff, approving standard nursing protocols for all medical needs staff, approving all medical procedures performed at the SMNS that are not covered by existing protocols, recommendations or procedures, and providing diagnosis and treatment orders for illnesses that occur among residents of the SMNS (that do not require transport). These are to be provided after attempts by nursing staff to contact the primary care physician are unsuccessful.



- Qualifications: Must have current medical license as a medical doctor (MD) or Certified Nurse Practitioner with emergency care experience. MRC Level 1.

**Traffic Director** – manages traffic flow in a designated parking area, and directs staff and the public to the appropriate locations. Has completed traffic control training.

**Veterinarian** – directs and coordinates all medical services for animals in a disaster in which pets, livestock, and wild animals may be displaced and in need of medical care, shelter, and/or rehabilitation.

**Veterinary assistant** – helps veterinarian and veterinary technicians care for animals. The preferred education is completion of a CTE program and high school diploma/GED. The job does not require certification or licensing.

**Veterinary technician** – a veterinary technician, (also called a vet tech, veterinary nurse or vet nurse), is a person trained and licensed to support veterinary medical care under a licensed veterinarian.

**Volunteer Reception Center: Volunteer Coordination Staff** – can provide assistance in managing volunteers at a staff check-in site, work at a VRC or provide staff support in VVHS.

- Qualifications: MRC Level 2. Administrative experience or volunteer management experience preferred.

**Volunteer Reception Center: Volunteer Coordinator Assistant** – provides volunteer coordination support to MRC unit coordinator at a VRC, Staging Site or event location. Experience with volunteer check-in, VVHS, SUV volunteer management is preferred.

- Qualifications: MRC Level 2. Administrative experience or volunteer management experience preferred. Knowledge of VVHS preferred. Notary preferred.

**Volunteer Supervisor** - greets volunteers, verifies their identity, checks their credentials, and provides site specific ID badges (if needed). Ensures volunteers take breaks, answers any questions/concerns that they may have. Works closely with the clerical and clinical supervisors to assign volunteers to appropriate positions within the incident response site or staging site.

- Qualifications: MRC Level 1
- Required Training: NACCHO Deployment Readiness Training, Volunteer Check-In Procedure training.



## APPENDIX H — STEPS TO PERSONAL PREPAREDNESS

Disasters can strike quickly and without warning. They may force you to evacuate your neighborhood or require that you shelter in place inside your home. Disasters can also interrupt basic services like water, gas, electricity, and telephones. Local officials and relief workers may not be able to assist everyone who needs help in the aftermath of disaster. Families can cope with disaster by preparing in advance and working together as a team.

Follow the steps listed here to create your family's disaster plan. For additional preparedness information, visit <https://www.ready.gov/>. Knowing what to do is your best protection and your responsibility!

### Prepare a Plan—prepare your disaster plan and review it with family members and contacts

- Meet with your family to discuss why you need to prepare for disaster. Plan to share responsibilities and work together as a team if a disaster occurs.
- Discuss the types of disasters that are most likely to happen in your community and how you will respond (e.g., evacuate; shelter in place; or drop, cover, and hold on). Explain to children the dangers of fire, severe weather, earthquakes, etc.
- Familiarize yourself with disaster response and recovery services available in your community such as healthcare facilities, CERT, the American Red Cross, etc.
- Familiarize yourself with your work and children's school emergency plans.

### Be Prepared—learn how to respond and prepare your supplies in advance

- Teach children how and when to call 9-1-1 for emergency help.
- Have a fire extinguisher and know how to use it.
- Install smoke detectors on each level of your home, especially near bedrooms.
- Determine the best escape routes from your home. Know at least two ways out.
- Find the safe places in your home for each type of disaster that would require you to shelter in place.
- Inspect your home at least once a year and fix potential hazards. Hazards are things that could fall, break, or injure someone during a disaster or that could cause a fire.
- Get to know your utilities.
  - Locate the main electric fuse box, water service main, and natural gas main.
  - Ensure that each family member knows how and when to turn off these utilities.
  - Keep necessary tools near gas and water shut-off valves.
- Ensure that you have adequate insurance coverage.
- Take a CPR/First Aid course.
- If applicable, know how you will take care of your pets in the event of a disaster.
- Stock emergency supplies and assemble a disaster supplies kit. Store supplies in a sturdy, easy-to-carry container such as a backpack, duffle bag, or plastic bin. Keep a smaller kit in the trunk of your car. Recommended emergency supplies include:
  - A three-day supply of water (one gallon per person per day) and non-perishable food
  - One change of clothing and footwear per person (season appropriate)



- A first aid kit that includes your family's prescription medications
- Battery-powered or hand crank radio, flashlight, and extra batteries
- Emergency tools including wrench or pliers to turn off utilities
- Whistle to signal for help
- Dust mask or cotton t-shirt to help filter air
- Plastic sheeting and duct tape to seal windows, doors, etc.
- An extra set of car keys and a credit card, cash (small bills), or traveler's checks
- Personal hygiene items
- Sanitary supplies (disinfectant, moist towelettes, garbage bags, etc.)
- Special items for infants, seniors, or family members with special needs (if applicable)
- Pet supplies (if applicable)
- Important family documents such as health records, birth certificates, passports, and insurance policies (keep in a waterproof container such as a Ziploc bag).
- One blanket or sleeping bag per person
- Rain gear
- Paper and pencil
- Waterproof matches
- Tent
- Maps

### **Keep in Touch—plan how your family will stay in contact if separated by disaster**

- Pick two meeting places: 1) a location a safe distance from your home in case of a sudden emergency, like a fire and 2) outside of your neighborhood in case you cannot return home. Everyone must know the locations of both meeting places.
- Choose an out-of-state friend or family member to be your "check-in contact" for everyone to call. After a disaster, it is often easier to call long distance than to call locally. Family members should call this person and tell them where they are. Everyone must know your check-in contact's phone number.
- Post emergency telephone numbers by phones (i.e., fire, police, poison control, etc.).
- Give everyone in the family a copy of emergency telephone numbers to keep with them and program into cell phones.
- Assign the phone number of your emergency contact to the name "ICE" (In Case of Emergency) on your cell phone to make it easier for emergency responders to reach the right person if you are injured

### **Practice Your Plan—exercise and evaluate your plan every six months**

- Hold emergency drills with all household members at least two times each year.
- Show each family member how and when to turn off the utilities (water, gas, electricity).
- Keep contact information current.



- Update emergency kits to reflect the changing needs of family members (e.g., replace changes of clothes for size or season appropriateness)
- Replace stored water and food supplies.
- Test fire extinguisher(s), smoke detectors, and batteries and recharge, refresh, or replace as needed.

### **Neighbors Helping Neighbors—working with neighbors can save lives and property**

- Meet with your neighbors to plan how the neighborhood could work together until help arrives following a disaster.
- If you are a member of a neighborhood organization, such as a homeowners' association, introduce disaster preparedness as a new activity.
- Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as seniors or neighbors with a disability.
- Make plans for childcare in case parents cannot get home.

### **If Disaster Strikes**

- Remain calm and patient. Put your plan into action.
- Check for injuries. Give first aid and get help for seriously injured people by calling 911.
- Listen to your radio for news and instructions.
- Evacuate immediately using specified travel routes if advised to do so by authorities.
- If evacuating, take your disaster supplies kit and lock your home.
- If instructed to shelter in place, do so immediately.
- Wear protective, seasonally appropriate clothing and sturdy shoes.
- Shut off water, gas, and electricity if you suspect damaged lines or you are instructed to do so. If you turn the gas off, you will need a professional to turn it back on.
- Do not light matches or turn on electrical switches, if you suspect damage to utility lines.
- If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately.
- Confine or secure your pets.
- Call your long distance contact. Avoid using the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially seniors or neighbors with a disability.
- Make sure you have an adequate water supply in case service interrupted.
- Stay away from downed power lines.

